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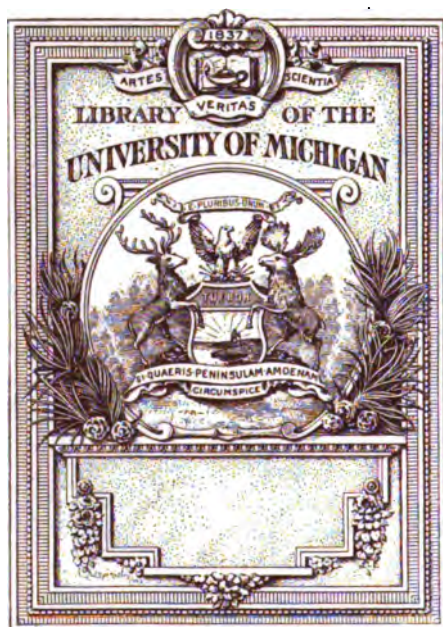
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STATE OF NEW YORK

9731
STATE COMMISSION IN LUNACY

NINTH ANNUAL REPORT

October 1, 1896, to September 30, 1897

PETER M. WISE, *President*,
GOODWIN BROWN,
WILLIAM L. PARKHURST, } *Commissioners*
T. E. McGARR, *Secretary*

TRANSMITTED TO THE LEGISLATURE MARCH 11, 1898.

WYNKOOP HALLENBECK CRAWFORD CO.,
STATE PRINTERS,
NEW YORK AND ALBANY.

1898.

STATE OF NEW YORK

No. 63.

IN ASSEMBLY

MARCH 11, 1898.

STATE COMMISSION IN LUNACY

NINTH ANNUAL REPORT

STATE OF NEW YORK:

STATE COMMISSION IN LUNACY, }
ALBANY, *March 11, 1898* }

To the Speaker of the Assembly:

By direction of the Commission, I have the honor to transmit herewith the annual report of the State Commission in Lunacy for the year beginning October 1, 1896, and ending September 30, 1897.

T. E. McGARR,
Secretary.

CONTENTS.

VOLUME I.

PART I—STATE SYSTEM.

CHAPTER 1.

	PAGE.
General operations	9
Whole number of committed insane	9
Receipts for support of state hospitals	10
Expenditures for state hospitals	10
Average number of patients	11
Number of patients discharged	11
Percentage of recoveries	11
Percentage of deaths	12

CHAPTER 2.

Appropriations for state hospitals	13
Estimated receipts from state tax and other sources	16
Estimated expenditures	16
Tax for maintenance of insane laid on property	20

CHAPTER 3.

Maintenance	24
Cost per week for maintenance of insane	26
Beneficial results of advanced care and treatment as shown in high recovery rates	28
Wealth of State affected by high grade of maintenance	29
Purchase of supplies in bulk	31

CHAPTER 4.

Dietary of state hospitals	35
Dietary for April	37

CHAPTER 5.

Officers' salaries and employees' wages	43
Schedule of employees' wages	46

	PAGE.
CHAPTER 6.	
Legislation recommended	59
Capacity of hospitals should be determined	59
Money belonging to patients when committed should be deposited in hospital treasury	59
Repealed statute relating to discharge of patients on bonds be restored	59
Insane should be cared for by legally liable relatives	59
Land for state hospitals be acquired in the same manner as that followed by the Department of public works	60
Meetings of superintendents and Commission to be held once in two months	60
Jurisdiction of State board of health should be exclusive within certain radius of state hospitals	61
State hospitals to have loss caused by the killing of tuberculous cattle settled by State board of claims	61
CHAPTER 7.	
Alien and non-resident patients	62
Cost of removing patients to other states and countries	64
CHAPTER 8.	
Results of treatment of the insane	65
CHAPTER 9.	
Reimbursing patients	70
Amount received	71
CHAPTER 10.	
Prison made goods	72
CHAPTER 11.	
Pathological institute of the New York state hospitals	73
Second annual report	74
Beneficial results of scientific investigations of insanity	75
The inadequacy of the present methods of investigating mental diseases	98
The correlation of departments of research in the scientific investigation of insanity	125
Unclassified residuum	198
General remarks on the organization and conduct of the Insti- tute	200
Administration of the Institute	200
System of preserving data, records, etc	209
Library of the Pathological institute	213
Conferences of the members of the staff	215

Pathological institute of the New York state hospitals—(Continued).	PAGE.
Centralization of scientific investigation of the insane in a single institution.....	218
Extension and collaboration of scientific work in the state hospitals	219
Importance of collaborating with the general medical profession in research work.....	224
Relation of the Pathological institute to the official organ of publication of the state hospitals.....	226
Recommendations to the Commission.....	228
Summary of financial report.....	238
Appendix	237
Plan of the Institute.....	237

CHAPTER 12.

Personal care of patients.....	241
--------------------------------	-----

CHAPTER 13.

Laundries	244
-----------------	-----

CHAPTER 14.

Amusement and diversion of patients	246
---	-----

CHAPTER 15.

Criminal insane	248
Matteawan state hospital should become a part of State hospital system	248

CHAPTER 16.

Recoveries	250
------------------	-----

CHAPTER 17.

Manhattan and Long Island state hospitals.....	252
Conditions of institutions when received into State care system..	253
New buildings for state hospital use.....	255
Expenditures in Long Island and Manhattan state hospitals during past year	256
Excerpt from <i>Medical Record</i> on State care act.....	257
Hospital for women on Ward's Island.....	260

CHAPTER 18.

Classification of the insane	261
Circular letter to superintendents of state hospitals.....	263
Replies of superintendents:	
Utica state hospital	264
Willard state hospital	267
Hudson River state hospital.....	269
Middletown state homeopathic hospital.....	271
Buffalo state hospital	274

Classification of the insane—(<i>Continued</i>).	PAGE.
Binghamton state hospital.....	274
St. Lawrence state hospital.....	275
Rochester state hospital.....	277
Long Island state hospital.....	278
Manhattan state hospital	280
CHAPTER 19.	
Hospital attorneys	281
CHAPTER 20.	
Home care of the insane.....	283
Extract from report of Board of health, lunacy and charity of Massachusetts	284
CHAPTER 21.	
Improper commitments to state hospitals.....	289
CHAPTER 22.	
Monthly conferences	294
October conference 1896.....	295
November conference 1896.....	304
December conference 1896.....	313
January conference 1897.....	328
February conference 1897.....	337
March conference 1897.....	363
April conference 1897.....	380
May conference 1897.....	398
June conference 1897.....	407
July conference 1897.....	428
August conference 1897.....	443
September conference 1897.....	458
CHAPTER 23.	
Review of state hospitals.....	476
Operations of State hospital system.....	476
Medical service	476
Employees	477
Fuel and light	477
Recoveries—exclusive of transfers.....	478
Deaths—exclusive of transfers.....	478
Table of cost of staple articles.....	479

PART II—LICENSED PRIVATE INSTITUTION SYSTEM.

CHAPTER 24.

General administration—Private institutions.....	485
--	-----

CONTENTS.

ix

CHAPTER 25.

	PAGE.
General review	486
Operations of Licensed private asylum system.....	486
Medical service	486
Recoveries	486
Deaths	486

PART III—GENERAL HOSPITAL SYSTEM.

CHAPTER 26.

Commitment of the insane	489
--------------------------------	-----

CHAPTER 27.

Retirement of Commissioner Reeves.....	491
--	-----

PART IV—SUMMARY OF RECOMMENDATIONS.

CHAPTER 28.

Summary of recommendations	495
----------------------------------	-----

PART V—STATISTICS.

CHAPTER 29.

General statistical review	499
State hospital system, number of insane.....	502
Licensed private asylum system, number of insane.....	503
Number and percentage of patients discharged from state hospitals recovered and improved	504
Number of hospitals and asylums	506
Value of hospitals and asylums	506
Number of employees.....	506
Receipts of state hospitals and asylums.....	506
State hospitals, tables	507
Number of registered insane	507
General statement	510
Causes of insanity	514
Form of insanity.....	516
Results of treatment in presumably curable cases.....	520
Duration of insanity previous to admission and period under treatment of patients discharged recovered.....	523
Causes of death.....	525
Hereditary tendency to insanity	528
Civil condition of patients.....	529
Degree of education of patients.....	530

General statistical review—(Continued).	PAGE.
Duration of insanity previous to admission and period under treatment of patients who died.....	531
Ages of patients admitted	533
Ages of patients discharged recovered.....	534
Ages of patients who died.....	535
Duration of insanity previous to admission, of patients admitted during year ending September 1897.....	536
Period of residence in asylum of patients under treatment..	536
Occupation of patients admitted	537
Nativity of patients admitted	538
Residence by counties and classification of patients admitted.	540
Residence by counties and classification of patients remaining under treatment	544
Licensed private asylum system.....	552
Matteawan state hospital for insane criminals, tables.....	553
Movement of population.....	553
General statement	554
Causes of insanity.....	556
Forms of insanity	557
Results of treatment in presumably curable cases.....	558
Duration of insanity previous to admission and period under treatment of patients discharged recovered.....	561
Causes of death	562
Hereditary tendency to insanity.....	563
Civil condition of patients.....	563
Degree of education	564
Duration of insanity previous to admission and period under treatment of patients who died.....	565
Ages of patients admitted.....	566
Ages of patients discharged recovered.....	566
Ages of patients who died.....	567
Duration of insanity previous to admission, of patients admitted during year ending September 1897.....	568
Period of residence in asylum of patients under treatment....	568
Occupation of patients.....	569
Nativity of patients	571
Residence by counties and classification of patients admitted.	572
Residence by counties and classification of patients remaining under treatment	574

PART VI—OFFICIAL DIRECTORY OF STATE HOSPITALS AND PRIVATE INSTITUTIONS.

CHAPTER 30.

Official directory of hospitals and private institutions.....	579
---	-----

VOLUME II.

PART I—STATE HOSPITALS.

	PAGE.
CHAPTER 31.	
Annual report of Utica State Hospital.....	605
CHAPTER 32.	
Annual report of Willard State Hospital.....	685
CHAPTER 33.	
Annual report of Hudson River State Hospital.....	789
CHAPTER 34.	
Annual report of Middletown State Homeopathic Hospital.....	853
CHAPTER 35.	
Annual report of Buffalo State Hospital.....	1025
CHAPTER 36.	
Annual report of Binghamton State Hospital.....	1075
CHAPTER 37.	
Annual report of St. Lawrence State Hospital.....	1149
CHAPTER 38.	
Annual report of Rochester State Hospital.....	1219
CHAPTER 39.	
Annual report of Long Island State Hospital.....	1269
CHAPTER 40.	
Annual report of Manhattan State Hospital.....	1359
CHAPTER 41.	
Annual report of Collins State Homeopathic Hospital.....	1533
CHAPTER 42.	
Annual report of the State Charities Aid Association.....	1555

NINTH ANNUAL REPORT

ALBANY, *March 11, 1898*

To the Legislature:

In compliance with section 9 of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws, which requires that "the Commission shall annually report to the legislature its acts and proceedings for the year ending September 30th last preceding, with such facts with regard to the management of the institutions for the insane as it may deem necessary for the information of the legislature, including an estimate of the amounts required for the use of the State hospitals and the reasons therefor, and also the annual reports made to the Commission by the board of managers of each State hospital and by the State Charities Aid Association," the State Commission in Lunacy herewith presents its ninth annual report, covering the fiscal year beginning October 1, 1896, and ending September 30, 1897.

Repeating what, in substance, has been observed in previous reports, it may fairly be held to be both proper and useful that a report treating of subjects which directly affect all of the insane of the State, now numbering over 21,000, and the vast and diversified interests, social, moral and material, which are related to the disposition of that class of the population, should not confine itself to matters exclusively or especially concerning the legislature, but should widen its scope to include other

affairs relating to this Department of the State government—such affairs as may rightfully claim the attention not only of those personally engaged in conducting or serving institutions for the care and treatment of the insane, but also of the general public, especially of that large number of persons who pay direct taxes for the support of the State government, one of whose largest expenditures is for the maintenance of the dependent insane. As to this great body of taxpayers it is presumable, if not certain, that they are interested in knowing how the lunacy laws of the State are being administered from year to year, and how far the object for which such great sums of public money are expended is secured in the actual operation of the present system. Hence, to properly inform all readers who are or who may become interested in the topics of which such a report treats, will necessarily involve some repetition and some reiteration of matters already familiar to the legislature through previous reports or communications made by the Commission to it or to its committees during the session.

As far as it has been found practicable to do so, this report discusses only those subjects which presented themselves within the fiscal year from October 1, 1896, to September 30, 1897, but in order to more fully appraise the legislature of existing conditions which may require or modify its action, some matters have been referred to which have arisen since the close of the fiscal year.

For the purpose of making the report as intelligible as possible in regard to the many interests of which it must treat, it has been deemed wise to follow in the main the plan previously adopted of subdividing the report into principal parts, as follows:

VOLUME 1

Part 1. State system.

Part 2. Licensed private asylum system.

Part 3. General hospital system.

Part 4. Summary of recommendations.

Part 5. Statistics.

Part 6. Asylum directory.

VOLUME 2

Report of Utica State Hospital.

Report of Willard State Hospital.

Report of Hudson River State Hospital.

Report of Middletown State Homoeopathic Hospital.

Report of Buffalo State Hospital.

Report of Binghamton State Hospital.

Report of St. Lawrence State Hospital.

Report of Rochester State Hospital.

Report of Long Island State Hospital.

Report of Manhattan State Hospital.

Report of Collins State Homoeopathic Hospital.

Report of State Charities Aid Association.

Respectfully submitted,

PETER M. WISE,

President.

GOODWIN BROWN,

WILLIAM L. PARKHURST,

Commissioners.

VOLUME I

PART I
STATE SYSTEM

CHAPTER 1

GENERAL OPERATIONS

By the provisions of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws and known as the "Insanity Law," each hospital is now required to report directly to the Commission instead of to the legislature. The purpose of this requirement is too obvious to need more than a mere mention. By having the reports made directly to the Commission, it becomes possible for those who desire to examine into the system of caring for the insane in the State to find in one volume, properly indexed, all of the official information relating to the subject in a readily accessible form. Formerly the reports of the various hospitals were transmitted to the legislature at different times, and, when published among the legislative documents, were often difficult of access and intelligent examination.

With a view of facilitating the work of examination of these reports for the purpose of comparing the results of the hospitals, it was decided, after conference with the superintendents, that in their annual reports the hospitals should follow substantially the former practice as regards arrangement and form.

The whole number of the committed insane in the State, public or private, on September 30, 1897, was 21,683.

The whole number of insane in State hospitals, including the inmates of the Matteawan State Hospital (for insane criminals), on September 30, 1897, was 20,843.

The whole number of insane in licensed private institutions was 840.

General Operations

The general receipts from all sources for support of the State hospitals for the fiscal year ending September 30, 1897, were:

1. Proceeds of State tax for support of the insane.	\$4,368,712 90
2. Receipts from private and reimbursing patients and from all other incidental sources.....	234,910 67
Total receipts.....	<u><u>\$4,603,623 57</u></u>

The expenditures for the same period were:

1. Cost of maintenance, including officers' salaries, employees' wages, clothing, food, ordinary repairs and all incidental expenses whatsoever and known as fixed charges....	\$3,893,175 23
2. Expenditures on account of new buildings to be occupied by patients.....	608,556 73
3. Expenditures for new buildings other than those occupied by patients (see statement in item 4)	392,052 43
4. Expenditures for repairs, renewals and improvements, exclusive of buildings, and not included in fixed charges, the amount being unusually large owing to the dilapidated condition of the Manhattan and Long Island State Hospitals, especially the heating, lighting and plumbing systems.....	596,035 10
Total expenditures	<u><u>\$5,489,819 49</u></u>

It will be observed that the expenditures for the year greatly exceed the apparent income. By reference, however, to the previous report (eighth annual report, page 10) it will be observed that the expenditures for the previous year were greatly below the income of that year. This is explained by the fact that the Manhattan State Hospital did not come into the system until February 29, 1896, after five months of the fiscal year had passed, so that the expenditures on account of that hospital during the

General Operations

fiscal year 1895-96, for maintenance, represented only seven of the twelve months, and the unexpended difference accrued to the general maintenance account as a surplus. However, as matter of fact, the expenditures for the two years have not exceeded the combined income, but are considerably less, owing in part to the fact that in the year ending September 30, 1896, fixed charges were paid for thirteen months, as the Comptroller desired to discontinue the practice which had existed for many years of overlapping appropriations. Appropriations are good for the period of two years from the date of appropriation, which fact should be borne in mind in any consideration of the subject.

The average number of patients during the fiscal year was.....	19,901
The whole number of admissions, including transfers from one institution to another, was.....	4,649
Whole number of original admissions, exclusive of transfers, was	4,370
Whole number of original admissions from homes.....	4,214
The whole number discharged, including transfers to other institutions, was,.....	3,916
The whole number of deaths was.....	1,592

The number discharged was divided as follows:

Recovered	951
Transferred to other institutions.....	279
Improved, discharged to homes.....	1,034
Not insane.....	60

The percentage of recoveries was as follows:

On the number admitted from homes, and exclusive of transfers from one institution to another.....	22.57
On the daily average population.....	4.8
On the number discharged, including deaths, but excluding transfers to other institutions.....	26.22
On number discharged, not including deaths, and excluding transfers to other institutions.....	46.71

General Operations

The percentage of deaths was:

On the number admitted from homes.....	37.78
On the daily average population.....	8.00
On the number discharged to homes, exclusive of transfers.....	43.72

As has been observed, the foregoing matter will be treated more in detail under special chapters and in the statistical tables.

CHAPTER 2

APPROPRIATIONS FOR STATE HOSPITALS

The subject of appropriations for State hospitals, which is always an important one as regards State care of the insane, deserves more attention than can be given to it in a report of this character. The legislature of 1895, on the recommendation of the Commission, discontinued the practice of making special appropriations for the hospitals separately for repairs, improvements, renewals and enlargements, and increased the tax levied for the support of the insane sufficiently to cover all these purposes. It provided that the Commission should supervise the expenditure of this fund to the extent of determining the respective needs of the hospitals from time to time, and apportion to each from the general fund such sums as it might deem necessary. The money was apportioned to be drawn and expended under special estimates to be approved by the Commission.

That the system of appropriations now in vogue may be clearly understood, it is necessary to recite to some extent the former methods of appropriations and taxation for the insane.

Beginning with the year 1836 and coming down to and including the year 1894, the legislature each year appropriated moneys for the care of the insane in the form of specific items for particular institutions and purposes. The gross amount thus appropriated during that period was \$19,880,454.75. For fuller information those especially interested in this subject are referred to the sixth annual report, pages 32-51, where a table of such appropriations is given. Reference may also be had to Form 119 of the

Appropriations for State Hospitals

documents of the Commission, where the report is separately published.

State care for the insane can properly be said to have begun in 1836; but the State did not assume all expenses for the care of the insane in all the counties of the State until 1895. Previous to that time the State had borne a part of the expense, and counties and municipalities had borne the other part. Owing to the methods heretofore followed it would not be possible to show exactly what the cost of caring for all of the insane was for the period from 1836 to 1895, inclusive. What the State paid during that period can be shown, but the amounts which the counties paid it is impossible to accurately ascertain for the reason that with the exceptions of the counties of Queens, Monroe, New York and Kings the insane in the county institutions were maintained in common with the sane inmates of poorhouses. That is to say, although in some of those institutions the insane were kept apart from the other inmates, in the financial accounts no distinction was observed. In the case of New York and Kings counties, the insane were cared for in common with the other dependents of those counties, so far as the financial management was concerned. Attempts were made to show what the cost was, but except in very recent years this was not ascertainable. The same was true as to the insane maintained by municipalities. The cost of maintaining the insane in poorhouses has been estimated at \$2 per week, as this was for many years and is now the minimum amount allowed by the State Board of Charities for the care of ordinary paupers in so-called State poorhouses. From the beginning the money for the payment of officers' salaries in the State hospitals and for buildings, repairs and improvements was paid by the State.

For a period of five years, from 1890 to 1895, inclusive—1894 being the last year in which the old system of appropriations prevailed—the sum appropriated for buildings, repairs and improvements in the State hospitals then existing and containing about one-half of all the dependent insane in the State at that

Appropriations for State Hospitals

time, amounted to \$5,068,097, or an average of over \$1,000,000 per year.

Beginning with the year 1895, the legislature laid a special tax on account of the dependent insane of the State for all purposes whatsoever, including buildings, repairs, improvements, maintenance, transportation of patients, general administration, in fact, every item entering into the cost of caring for the insane, directly or indirectly.

For the year ending September 30, 1896, the State tax was one mill, which yielded an income during that year of \$4,292,082. To this must be added the further sum of \$234,283.70, as the income of all the State hospitals from board of private and reimbursing patients, sundry sales, etc., making a total income from the State tax and other sources for the year ending September 30, 1896, of \$4,526,365.70.

For the fiscal year ending September 30, 1897, covering the year of this report, a tax of one mill was laid, which yielded an income of \$4,368,712.90. To this must be added the further sum of \$234,910.67 as the income of all the State hospitals from board of private patients, sundry sales, etc., making a total income from State tax and other sources of \$4,603,623.57.

Out of this income the item of expense that stands first in importance and in obvious necessity is that for maintenance, and this expenditure absorbs by far the greater part of the whole sum. In chapter 1 (general operations) an accurate statement is given of the expenditures for the past fiscal year.

For the fiscal year beginning October 1, 1898, assuming that a tax of one mill will be laid, the following table shows the estimated receipts and payments. In considering, however, the tax of one mill, it must be borne in mind that the taxable property of the State has considerably increased in value as reported by the State assessors. In fact, the taxable property has increased \$500,000,000 over the previous year, so that a tax of one mill will yield practically the same amount as a tax of a mill and a tenth, which was laid for the year ending September 30, 1898.

Appropriations for State Hospitals

Estimated receipts

Income from the State tax.....	\$5,000,000
Income from all other sources.....	250,000
	<hr/>
Total income.....	\$5,250,000

Estimated expenditures

Maintenance or fixed charges, inclusive of expenses of general administration, pathological department, etc., for an estimated daily average number of 21,400 patients, at \$186 per capita per annum	4,086,400
	<hr/>
The balance, which can be applied to buildings, repairs and improvements, therefore, cannot exceed.	\$1,164,600
	<hr/> <hr/>

It should be noted that previous to 1895 the sum of over \$1,000,000 was annually appropriated for buildings, repairs and improvements for eight State hospitals, containing only one-half of the insane of the State at that time, while only an equal sum is now available for the same purpose for eleven State hospitals, which provide for double the number of insane which were annually cared for during the five years preceding 1895. In other words, the work which, on the basis of previous experience, would cost \$2,000,000 has now to be done for about half this sum. But, in addition to this, it must be borne in mind that when the sum of \$1,000,000 was appropriated for one-half of the dependent insane, the number at that time represented far less than the proportionate number at the present time. As a practical example, in 1893 the appropriation by the legislature for all purposes for the insane amounted to more than \$2,500,000. If the same ratio had prevailed in 1897, the amount to have been appropriated by the legislature would have exceeded \$5,800,000. As a matter of fact, the legislature appropriated a tax of a mill and a tenth for the fiscal year ending September 30, 1898, which yielded a sum a little less than \$5,000,000, or, in other words, there was a relative diminution in expense of caring for the insane as compared with year 1893 of \$800,000.

Appropriations for State Hospitals

In an official report submitted to the legislature by the Comptroller, it was pointed out that the appropriations for the insane had enormously increased, in fact, from \$1,300,000 in 1893 to \$5,000,000 in 1897. The Comptroller, unadvisedly, failed to note that in the year 1893 an additional sum of over \$1,200,000 was appropriated for buildings, repairs and improvements. In estimating the expenditures for the fiscal year beginning October 1, 1898, if the same ratio were to prevail as prevailed in 1893, a sum amounting to more than \$6,000,000 would have to be appropriated to provide for the increase in the number of the insane.

It may safely be said that under the former practice of special appropriations, whereby each hospital went to the legislature and secured through local representatives as much money as it could, the total was doubtless often excessive; but the amount obtained under the present system, while compelling economy in expenditure, does not fully meet the requirements of the situation; yet it may be said that never were the State hospitals so well and so fully equipped as at the present time.

To go more into detail as to the necessities for the fiscal year beginning October 1, 1898, the estimated expenditures may be summarized as follows:

For buildings for patients, to provide for the net excess of patients over accommodations as at present reported, amounting to 436 in the State hospitals, October 1, 1898, at the per capita rate of \$550 for buildings and furniture, the amount required will be	\$239,800
To provide accommodations to meet the annual net increase of patients for the year beginning October 1, 1898, and ending September 30, 1899, estimated at 800 patients, at \$550 for buildings and furniture, will require.....	440,000
To erect additional buildings at Central Islip, to accommodate 2,500 patients from Blackwell's and Hart's Islands, in accordance with the requirements of chapter 2, Laws of 1896, at \$550 per capita for buildings and furniture, will require..	1,375,000
Total amount required for new buildings.	\$2,054,800

Appropriations for State Hospitals

For the maintenance of 21,400 patients, at an estimated expenditure of \$186 per capita per annum, and including expenses of general administration and the expenses on account of the pathological institute for all the State hospitals, the amount required will be..... \$4,086,400
 Or a grand total of..... \$6,141,200

In this estimate, however, it must be borne in mind that no account is taken of the amount which will be required for repairs and improvements of buildings. It is estimated by the board of fire underwriters that the cost of keeping in repair brick store buildings, which class of buildings correspond more nearly to the average State hospital buildings than any other classified structures, amounts to 4 per cent. per annum. The value of the State hospital buildings in the interior of the State is computed at about \$20,000,000, so that for this purpose alone \$800,000 would be required. Estimating the total income as above stated at not exceeding \$5,250,000 from all sources, this would mean a deficiency of \$1,691,200.

To minimize this deficiency, it is obvious that the number of buildings to be erected must be largely reduced; also that the amount to be expended for repairs and improvements must necessarily be reduced.

The legislature required that the buildings occupied by the insane at Hart's Island and Blackwell's Island must be relinquished within five years from the time of their lease to the State. At the time of the writing of this report more than two years have elapsed. There are also buildings at the Flatbush department of the Long Island State Hospital, containing in round numbers 1,600 patients, which are required to be vacated at longest within ten years from the time of the lease of those buildings to the State. Nearly three years of this period have elapsed. Evidently, the Commission cannot carry out the requirements of the statute unless money is appropriated for the purpose. During the past year a great advance has been made in

Appropriations for State Hospitals

providing new buildings for the insane. While the net increase of accommodations for the insane during the year provided for only 189, the amount expended covers a large amount of work done on new buildings which will be available during the coming year, and a large proportion of them are rapidly approaching completion. But making due allowance for all the accommodations which will be available by the end of the next fiscal year beginning October 1, 1898, the requirements for the fiscal year will be substantially as above stated.

It is certain that every effort should be made by the State to remove the patients from Hart's and Blackwell's Islands at as early a date as possible. Nearly all the buildings at those places are unfit for habitation. They are in a state of dilapidation, and require large sums to keep them fairly comfortable. During the past year, by adding to the maintenance account in the counties of New York and Kings over the highest amount ever expended by the cities for the purpose, these buildings have been made relatively comfortable. Nevertheless, as above stated, they should not be used a day longer than absolutely necessary. In the last report of the Commission, chapter 3, "Appropriations for State hospitals," this subject is discussed in extenso.

There is one feature, however, which should be considered in providing for new buildings for the insane. The present statute limits the per capita expenditure for new buildings to \$550, including buildings, furniture, fixtures and equipment. The practice has grown up in recent years of providing buildings for employees and attendants exclusively, outside of the main hospital building, thus increasing the capacity of the buildings for patients. These buildings, in a large number of instances, have been constructed of wood, and can be built for a very much less sum than buildings required for patients, as brick partitions, tiled floors, etc., need not be so largely used. It is assumed that buildings as permanent and as well constructed as the average frame dwelling-house will meet all the needs of nurses and attendants. Their requirements are the same as all sane individ-

Appropriations for State Hospitals

uals of their class, and are by no means extraordinary. From information received from the State hospitals it is believed that accommodations during the coming year can be provided for attendants to the extent of approximately 1,000. This will provide, by vacating the rooms on wards now occupied by them, for at least this number of patients. In addition, it is suggested that the administration buildings at Utica and Buffalo be remodelled at small expense, so as to provide for patients. These changes would furnish accommodations for about 600 patients more, or a total of about 1,600 for whom provision could be made at an estimated cost of not to exceed \$300 per bed. The Commission is strongly in favor of adopting this plan.

The appropriation for maintenance, which absorbs by far the greater sum of the amount to be expended, will be separately discussed.

Before leaving this subject the Commission desires to say a word in regard to the feeling of anxiety which prevails in some quarters in regard to the amount appropriated for the maintenance of the insane under the present system. As pointed out above, the amount appropriated in the aggregate seems very large; but, on the other hand, it must be remembered that heretofore the amount expended for the insane has been disbursed in so varied a manner, and was derived from such a variety of sources, although wholly from public funds, that the actual total was not easily ascertainable.

Formerly the cost of caring for the insane was in the main laid per capita; the cost is now laid on property. If a county happens to have a small number of insane and a large taxable valuation, it loses as compared with the old system; if it has a large number of insane and a relatively small valuation, it gains in comparison with the old system. It can never be definitely known what the cost of caring for the insane was when the mixed State and county system, so-called, prevailed, for the reason that the accounts for the care of the insane and the sane poor were not kept separately; but assuming that the cost of caring for the insane in the poorhouses or county asylums amounted to

Appropriations for State Hospitals

\$2 per week, or \$104 per year, for each insane person, the same amount which is allowed by the State Board of Charities for the support of paupers in State poorhouses, and computing the number that each county had under State and county care at the time the State Care Act went into effect, it can be shown definitely on this basis that about one-half of the counties of the State gain and about one-half lose. In the seventh annual report, chapter 20, page 123, a table is given showing the gain and loss to all the counties of the State in comparing the present system with the system which prevailed in the year 1890. The figures in this table for the counties of New York and Kings are not given, for the reason that the cost in 1890 could not be ascertained; but for the counties outside of New York and Kings the aggregate gain of those which gained amounted to \$174,000 in round numbers, and the aggregated loss of those which lost, amounted in round numbers to a little over \$317,000.

In discussing this subject, however, it might be pertinent to call attention to the fact that the inequalities of State taxation do not exist alone in the case of the insane. They exist in the cost of caring for the schools, in the cost of caring for prisoners, in the cost of caring for idiots and epileptics, the blind and other dependent classes in the State. It is undoubtedly true that many counties, notably the great counties of New York, Kings, Erie, Monroe and some others, would gain by caring for all of their own dependents as compared with the cost of caring for them by means of a general State tax levied on property, so that it may be fairly assumed that if the principle of levying a tax on property is right in the case of the schools or prisons, the deaf, the dumb, the blind, the idiots and the epileptics, it is right in the case of the insane. To give a few illustrations in the cost of caring for the insane, as compared with the per capita system, one county loses \$3,700. In taxation for the schools. this county paid \$27,000 and received \$52,000, or, in other words, it received \$25,000 for its common schools more than it paid. Another county loses \$6,400 in the care of the insane, while on account of the schools it paid \$18,000 and received from the State

Appropriations for State Hospitals

\$54,000, or, in other words, it received \$36,000 on account of the school tax more than it paid out. Another county loses on account of the insane \$5,500. For school tax it paid \$25,000 and received on account of the school tax \$66,000, or \$41,000 more than it paid out, and so on down through the list. Only three or four examples are cited to illustrate the point, but reference is made to the table issued by the Department of Public Instruction, No. 2, which shows the amount of school tax paid and the amount received. In fact, so far as the school system of the State is concerned, there are only three or four counties which do not receive vastly larger sums than they pay out. As explained above, this is for the reason that the school tax is laid on property and is distributed per capita.

No complaint can fairly be made by reason of this apparent inequality. It has been the settled policy of the State for at least one hundred years that the strong shall help the weak. Certain localities of the State accumulate property very much faster by reason of natural advantages than other portions. If a system were to be adopted at the present time providing that counties should provide for all purposes from the money which they actually contributed, or, in other words, if each county was required to care for all of its dependents for the amount of money which it now raises for the purpose, great hardships in these counties would inevitably result and bankruptcy ensue. If a system were to be adopted by the legislature to-day providing for the levying of a tax for the care of the insane per capita, much greater hardships would prevail in the interior counties than now prevail. It would not materially reduce the taxation of the counties which now gain, but it would enormously increase the aggregate of taxation to the counties which now lose. In conclusion, it may be pointed out that the tax for the care of the insane, as well as the tax for State purposes generally, is an exceedingly small sum. It is the tax laid for local purposes—the town and county tax—which bears most heavily on the taxpayer. The fact

Appropriations for State Hospitals

that the State tax is included in the general county tax leads to much confusion and misapprehension. If the county tax is high, the inference is drawn that it is because the State taxes are high, although the State taxes, as pointed out, are but a minor item of the whole amount levied. The State tax and the county tax should be separated. This was suggested by Governor Black during the last session of the legislature. For example, it is not likely that the average farm throughout the State is assessed for more than \$2,500; even at the rate of taxation imposed by the last legislature for the care of the insane of one mill and one-tenth this tax would only amount to \$2.75 for a farm of this value. The whole State tax amounted to considerably less than three mills, and three mills would have involved a tax of \$7.50 for a farm of that assessed valuation.

CHAPTER 3

MAINTENANCE

For several years prior to 1893 the average cost of maintenance in the then existing State hospitals was in excess of \$216 per capita per annum. In the year beginning October 1, 1893, when the Commission was given control of the expenditures for maintenance, the rate was reduced to \$186, or a reduction of \$30 per year for each patient. So far as the Commission is aware, for no period of time previous to 1893 was the rate ever lower than \$216, on an average, for all the State hospitals then existing. At the time of writing this report there are in the State hospitals caring for all of the insane, excepting those in the counties of New York and Kings, more than 11,000 patients. It is fair to assume that the rate of maintenance which prevailed in 1892-93, and which had been maintained for several years, would have continued, approximately, unchanged. Therefore, the economy effected by the "monthly estimate system," which requires a careful comparison and revision of expenditures by the Commission, would have amounted at the present time for one-half the State to over \$330,000 yearly. This is a fair assumption based upon a reasonable experience period under both systems. No proper estimates can be given for the counties of New York and Kings. It is fair to conclude, however, that, even assuming the rate of maintenance to have been exceedingly low by reason of a low standard of care and of lax and improvident methods of administration, the saving would have been equally as great if a proper standard of care had been maintained in those counties. Therefore we may safely say that the estimate system, as now conducted, would ensure a reduction of expenditures of over

Maintenance

\$600,000 per year if applied to the whole State, provided that the present necessary grade of care had been applied to all the insane.

For the years ending October 1, 1894, 1895 and 1896, the amount expended for maintenance averaged about \$186. During the past year, ending October 1, 1897, the rate of maintenance for the whole State, including New York and Kings, averaged \$196. This increase of expenditure was brought about by reason of necessary expenditures required to be made to improve the inferior conditions which prevailed in the Long Island and Manhattan State Hospitals, formerly under the care of the cities of New York and Brooklyn, now principally comprised in the territory known as the Greater New York. In the Manhattan State Hospital alone the rate of maintenance over the highest rate ever reached by the city was increased no less than \$27.44 per patient per year, the total amount expended for this purpose aggregating more than \$180,000. In this institution particularly, owing to the lax administration of the department of charities and correction, everything was in a state of dilapidation. The food supplies were insufficient; the clothing was insufficient; the buildings were poorly warmed and lighted; the patients were not comfortably housed, and, aside from the large sums which were expended for extraordinary purposes, it was absolutely necessary that the maintenance should be increased by the sum above stated, in order to bring the care of the patients in that institution even approximately to the standard of care adopted in the remainder of the State. The Commission did not allow all the expenditures which were claimed to be necessary by the local management. It felt, however, that the increased sum was all that the finances of the State hospital system would bear, and it must be borne in mind that this increase of \$27.44 was an increase beyond even the highest rate maintained by the administration of Mayor Strong, which rate it is claimed by the local management was made to show that the city would care for its insane as well as the State. While it lamentably failed in its purpose, the State was required to increase the maintenance account as above stated.

Maintenance

For the coming year, now that the period of storm and stress is past, and the Long Island and Manhattan State Hospitals have been improved, their patients comfortably clothed and cared for, it is expected that the average rate of maintenance can be materially reduced, and that the old rate which prevailed previous to the past year will be restored, namely, an average rate of \$186. It is even hoped that the rate may somewhat fall below this sum, although it would not be the part of prudence to endeavor to reduce expenditures beyond the point where the patients' comfort and all possible opportunities of recovery can be secured.

The subject of maintenance, or ordinary fixed charges for the care of the insane, is somewhat imperfectly understood. It is commonly supposed to mean food supplies, and, therefore, when it is stated that the average annual cost amounted to \$186, or a weekly cost of \$3.58, comparisons have been made at once with the average rate of board. That this entirely fails to state the question is apparent to any one who will take the slightest trouble to examine the figures. The weekly per capita cost of \$3.58 is subdivided as follows:

	Per week	Per year
Officers' salaries	\$0.221	\$11.48
Employees' wages	1.15	59.80
Provisions and stores.....	1.165	60.58
Ordinary repairs .....	.062	3.22
Farm and grounds.....	.07	3.64
Clothing .....	.224	11.64
Furniture and bedding.....	.093	4.82
Books and stationery.....	.025	1.30
Fuel and light.....	.403	20.95
Medical supplies .....	.025	1.30
Miscellaneous or unclassified supplies.....	.12	6.24
Transportation of patients, including expenses of nurses and attendants who accompany them from home.....	.02	1.04

Maintenance

The item of officers' salaries is chiefly for medical services. It includes, however, a small sum for financial operations and legal services, but, as above stated, the greater portion is for medical care.

The item of employees' wages is chiefly made up of expenditures for nurses and attendants' wages. The ratio of nurses and attendants to patients in the New York State hospitals is a little less than one nurse or attendant to eight patients. Not only experience, but the highest economy, has indicated that a higher ratio of nurses and attendants to patients than prevails in many states is not only profitable but humane. By means of good nursing and attendance the recovery rate is largely increased.

Provisions and stores includes food supplies, crockery, table ware, laundry supplies and miscellaneous articles. This is certainly a small sum for this purpose, and but for the greatest watchfulness and economy this rate could not be maintained. It is not believed that people generally live for as small a sum as this, considering that a large portion of the food supplies is of a special character required for the sick and weak.

When it is considered that all kinds of clothing, hats, caps, boots, shoes, overwear, underwear, everything, in fact, which goes towards the clothing of patients is included in the sum noted under the head of clothing, it may not be regarded as high.

The figures given are generally in round numbers, decimals being in all cases omitted. Therefore, the items of farm and grounds, furniture and bedding and miscellaneous supplies, although each marked at eight cents, show slightly different results for the year. The total expenditure, however, does not exceed \$3.58 per week.

It is alleged that the rate of maintenance or fixed charges for the insane is higher in the State of New York than in any State in the Union. This is undoubtedly true as a proposition, but not to the extent which is commonly supposed. In the first place, there is not a State in the Union, so far as the Commission is aware, where the exact cost of maintenance can be ascertained.

Maintenance

It must be borne in mind that in New York every item relating to the care of the insane is included in maintenance and extraordinary expenditures for buildings and improvements. In many of the states clothing, the burial of the insane, the bringing of the insane to State hospitals, etc., are excluded. All of this is made a fixed charge in New York; but while, as above stated, it is not denied that the rate of maintenance is higher in New York than elsewhere, it is believed that it can be shown without question that the results obtained are very much greater. The only items of expenditure in the fixed charges which in the judgment of the Commission could be reduced with safety are the items for officers' salaries and employees' wages; but it is believed that if these items were materially reduced the recovery rate would likewise be reduced; so that, as Governor Black in his message to the legislature of 1898 pointed out, if the rate of maintenance were reduced, at the cost of a reduced recovery rate, the State would gain nothing, and in addition humanity would lose a great deal, for, if both rates were reduced, there would be more patients to care for, thereby consuming in one place all that is saved in another.

As the chief end to be aimed at in the care and treatment of the insane is their recovery, it may be pointed out that for the period beginning October 1, 1888, and ending September 30, 1897, the recovery rate of the original State hospitals, that is, all of the State hospitals excepting those in the counties of New York and Kings, was 27.5 per cent. on the number of cases admitted from homes, or what are called original admissions, exclusive of admissions by reason of transfer from one institution to another. To put it in another way, out of every 100 cases admitted, 27½ cases were recovered. This is believed to be the highest recovery rate in this country and undoubtedly in the world. It is true that Great Britain shows a high recovery rate, but it is also true, all of its insane are not cared for in institutions exclusively designed for that purpose. An exceedingly large class known as dotards or other defectives classed in this country

Maintenance

as insane are cared for there in the workhouses. Certainly there is no State, so far as the Commission knows, where the recovery rate is nearly as high. In some of the oldest states, where the State hospitals have been highly developed, the recovery rate is not one-half as high. Of course this is the aggregate recovery rate of all the hospitals; in some it is higher, and in some it is lower, and it varies to some extent from year to year, but the average is as above stated.

To show the effect of advanced care and treatment, which involves, of course, a higher maintenance rate, the case of the Rochester State Hospital may be cited. This institution before the State care system as now understood was adopted was operated on the so-called chronic basis. To illustrate, the recovery rate at this hospital for the year 1890—the year before it was incorporated as a State hospital—was 10.5 per cent.; 1891, 18 per cent.; 1892, 17 per cent.; 1893, 18 per cent.; 1894, 25 per cent.; 1895, 15 per cent.; 1896, 23 per cent.; 1897, 18 per cent. This rate is estimated on the number of original commitments, as this institution received acute cases even while operated as a chronic institution. Likewise at the Binghamton and Willard State Hospitals the rate has materially risen. These institutions, it should be stated, were maintained for the chronic insane, and received transfers from institutions for the acute insane, after the period for recovery had passed, but they received some acute cases from the immediate neighborhood. They have been operated upon the same basis as the other institutions since 1891, and the advance in the recovery rate justifies the increased expenditure for maintenance.

To show the importance of a high grade of maintenance as affecting the wealth of the State, another illustration is pertinent. The average duration of the life of an insane person after admission to a State hospital is known to be more than twelve years; but assuming it to be twelve years, the cost at the average rate of maintenance of \$186 per year, would amount for the whole period to \$2,232. During this period the State loses the earnings of the

Maintenance

patients, and, according to estimates published by Horace Mann forty years ago, the earnings of each inhabitant of the State averaged \$150 per year. Undoubtedly it is much higher at the present time. This would mean an additional loss of \$1,800. The cost of buildings and furniture as fixed by statute for each insane person is \$550. To these sums must be added the interest for the whole period of twelve years at 3 per cent. This is as low a rate of interest as the State at the present time is able to obtain. The interest would amount to \$1,649, or a total loss by reason of the care and treatment of each insane person not improved for the whole period of twelve years of \$6,231. It will be admitted by everyone familiar with the subject that by materially lowering the standard of care—in other words, if it were reduced to a mere custodial basis, with inadequate medical service, inadequate nursing and poor and insufficient food, the recovery rate would drop enormously. It is safe to assume from the experience derived from the care and treatment of the insane in the county houses that the recovery rate would fall one-half. During the past fiscal year the State hospitals discharged, in round numbers, 1,000 persons as recovered. If the recovery rate were reduced one-half, there would be 500 persons to be cared for for a period of twelve years at a rate of \$6,231 for each person. The aggregate loss on this 500, who were not restored to usefulness and remained a burden on the State, would be \$3,115,500. But this is not the worst feature, for if the rate of maintenance were continued at a low average, with the result of a corresponding reduction in the recovery rate, this loss would occur annually; for each year 500 would remain who might have been discharged if a higher rate were provided. These figures seem astonishingly large, but in the judgment of the Commission they cannot be successfully combated, and in its judgment the increasing of the number of the insane was due to the fact that at no period of time, certainly up to 1890, were more than one-fourth of the insane in the State given proper care and treatment with reference to the possibility of their discharge as recovered. It is true that insanity apparently is on the in-

Maintenance

crease, but it has been on the increase simply because no sufficient effort has been made to secure recoveries. It is believed that in the course of a few years the hospitals formerly controlled by the counties of New York and Kings will show an equally high rate of recoveries as that maintained by the other State hospitals. If this result occurs, then the value of a proper standard of care will be more than ever apparent.

The Commission does not undertake to say that the fixed charges for the care of the insane cannot be reduced to some extent. It is now engaged in an effort to institute certain reforms which it is believed will have the effect of reducing the maintenance rate without affecting the recovery rate; but this is a matter which should proceed slowly, for the mere increase of maintaining the insane over the rate which some believe it should maintain is a small matter compared with the ultimate loss to the State.

Among the improvements to be made with a view to increased saving is the purchase of supplies in bulk for the benefit of all the State hospitals, thus obtaining the best materials at the lowest possible rates. A coffee roasting and spice grinding plant is now in operation at the Utica State Hospital, thus insuring a higher grade of coffee at a lower cost, and absolutely pure spices at the cost of the raw materials plus the expenses of management. A soap making plant is to be established at the Rochester State Hospital, where it is expected that all the soap used in the State hospitals will be made, and a considerable saving will be effected by it. An improved method of making tea and coffee will also be instituted.

For some time the Commission has been of the opinion that a general dietary for the use of all of the State hospitals should be prepared. Beginning with the 1st of January, 1898, a committee of superintendents has prepared dietaries for the use of the State hospitals. The making of these dietaries is now in the experimental stage, but the results already attained show that general dietaries can be used with an improved service,

Maintenance

insuring absolute equality to all patients and at a greatly lessened cost. In addition to this, the Commission has secured the services of Prof. Atwater, said to be one of the most distinguished men in his specialty, to aid in preparing a ration table based upon the nutrient value of the different kinds of food.

A new method of making bread has been adopted, which was evolved at one of the State hospitals, so that the bread, while being more palatable, has less hard crust, thereby reducing the amount of waste. One superintendent estimates the saving in this particular at as high as 25 per cent. Flavoring extracts and baking powder are also manufactured at greatly reduced cost.

The Commission has also urged that less attention be paid to the raising of coarse grains and ordinary farm products on the hospital farms, and instead thereof the raising of a finer variety of vegetables, strawberries and small fruits should be entered upon. The progress already made in this direction is highly satisfactory, and it is believed that this will ultimately reduce the cost materially. Experience has shown that in the State of New York it is not profitable to raise grain to the exclusion of fruits, roots and vegetables. Attention is also being given to the subject of canning fruits and vegetables.

The use of tea and coffee is also being considered and a more economical method of making it adopted. A careful examination of the subject shows that the amounts of tea and coffee in use at the different hospitals varies to a large extent, and this is a matter which will receive attention in the dietary.

The whole effort of the Commission in the matter of food supplies and maintenance generally is to secure uniformity of methods and absolute equality for all patients. Every effort is bent in this direction.

As bearing upon this subject, it is important to show what the counties pay for the board of jail prisoners. A report from nearly every county in the State shows that the average charge for maintenance of jail prisoners is \$3.12 per week. The Commission does not undertake to say that it costs any such sum,

Maintenance

but it does undertake to say that this is the average charge made to counties for a diet of coarse meats and vegetables and bread-stuffs. Certainly when it is shown that the corresponding supplies for the State hospitals, inclusive of laundry supplies and tableware and various other household articles, amounts to only \$1.20 per week, but little fault need be found with the cost of maintaining these institutions. In addition to this, the Commission has been at some pains to ascertain the cost of the operation of general hospitals, and while it is undoubtedly true that the cost should be higher, it must also be pointed out that the cost of nursing and medical attendance is relatively very much lower, and that the care of patients in general hospitals is entrusted to physicians, who generally perform services without pay, and the nurses are obtained through a training-school system, whereby little compensation is paid. At one of these hospitals the rate is \$16 per patient per week, at another about \$8, at another \$10, and at another about \$12. At the Bloomingdale institution—a private corporation operated by the New York Hospital—the rate of maintenance, exclusive of charges for special nursing, is over \$11 per week. This institution is operated entirely without profit. The whole aim and object of the management is to secure the highest possible number of recoveries, and to that end everything in the way of food supplies, nursing, medicines, etc., that can be used to advantage is employed. This rate is over three times as high as the average rate for operating the State hospitals in New York. Of course, the recovery rate is much higher, and thereby is the gain.

The increase in the maintenance or fixed charge rate for the past year was foretold in previous reports, as it was known that for some time to come it would be necessary to expend for the Long Island and Manhattan State Hospitals proportionately greater sums than were allowed to the older hospitals, for reasons which have been fully explained elsewhere, and which will be touched upon in the special chapter devoted to those institutions.

Maintenance

It is altogether likely that the loss to the State by reason of a lowering of the recovery rate is greater than it is now supposed to be. Constantly elements enter into the consideration of the subject which have previously been omitted. For example, the interest charge at three per cent. per year was not previously considered. In the last annual report of the Commission the loss to the State by reason of this charge is stated to have been very much smaller than it is now known to be. This whole question of maintenance of the insane is one of sound financial policy. It is not in any sense a charitable matter. Justice and humanity may enter into the subject to some extent, but primarily it is one of policy and common sense, and obviously that policy should be pursued which will result in the greatest financial gain to the State, and when this is accomplished, justice and humanity will also have been satisfied.

CHAPTER 4

DIETARY OF STATE HOSPITALS

The Commission has given more than ordinary attention to the food supplies for the State hospitals during the past year. The practice heretofore has been far from uniform, although, strictly speaking, there has been no improper or undue use of food supplies for the several institutions. It has been considered, however, that where such large interests were concerned and where substantially the same requirements existed, a greater uniformity than prevailed should be enforced. A basic dietary was adopted experimentally and has been improved upon from month to month with good results. The chief purpose in view has been the more economical application of supplies to dietary requirements and an increase in the variety of food preparations, and this purpose has been served. There has always been the need of a more scientific consideration of nutritive materials with regard to their cost and the requirements of the insane than is at present afforded by any dietary studies which the Commission have been able to discover. On account of the large interests at stake, it has considered it proper to engage in this work one of the best-known food experts in this country, Prof. W. O. Atwater, the food expert engaged by the United States Department of Agriculture. His report will be based upon the needs of the insane in hospitals after due experimentation and a study of the best practice, and will probably result in a ration table that will be beyond criticism, and it is to be hoped will reduce expenditures for food supplies to a point upheld by an ample study of actual requirements of the insane. The medical use of diet in treatment of the insane is a question that must be almost wholly left to medical officers, as it is of a nature that cannot be foreseen, and constantly varying needs must be met as

Dietary of State Hospitals

they arise. There should be nothing withheld in the treatment of the insane that will aid in their recovery, and body nutrition holds a very important part in the treatment. Therefore, it is important that the utmost liberality should be granted whenever it is a medical requirement applied to treatment with a view to recovery.

As an illustration, the most recent suggestions of a committee of superintendents for a dietary is given, and these suggestions show a fair average. Quantities are provided for in the estimates, and are based upon the report of Dr. Austin Flint, which has been a food guide for the hospitals for several years. Hospitals are not absolutely restricted to the adopted dietary. Where incidental conditions exist which may permit a change that will accrue to the advantage of the patients and a reduction in expenses an exception is permitted.

(Form 781.)

ALBANY, *March 2. 1898.*

The committee of medical superintendents on dietary, to whom the question of a basic dietary for the months of April, May and June was referred by the conference of medical superintendents held January 27, 1898, would respectfully make the following report:

First. As the question of cost must constantly be kept in mind, we have endeavored to recommend a dietary which will come within the limits recommended by Dr. Flint. For that reason the recommendation that poultry should be used weekly or bi-weekly has not been adopted. Puddings have only been specified on an average of every other day, as the allowance of milk is not sufficient for their more frequent use. Boiled cereals are recommended on alternate days on account of their greater economy in the use of milk, butter, eggs, sugar, etc. In this connection we would recommend that where the regular allowance of milk is not sufficient for the requirements of any hospital, such hospital be permitted to substitute milk for meat, butter, cheese or eggs in quantities sufficient to balance the money value of the articles so dropped.

Second. For dinner for April but one vegetable is to be used in addition to potatoes, and the choice may lie with the superintendents of the various hospitals. Later in the season, when the garden supplies become more abundant, an increase may be made proportionate to the supplies.

Dietary of State Hospitals

Third. Cold meat should be given to workers at supper on every working day. The term "workers," when used in this dietary, shall be taken to mean patients who are engaged in active muscular work during the greater part of the working hours of the day.

Fourth. Where meats or fish are specified for breakfast, they are intended only for workers and employees, as a cereal breakfast is considered more suitable for the feeble and idle and those who do not require special diet for medical reasons.

Fifth. For May and June the changes will be in the substitution of veal for beef, in the option of the superintendents, and a greater freedom in the use of vegetables and fruit in accordance with the farm and garden supplies.

Sixth. Puddings may be alternated, in the discretion of the superintendent.

Seventh. A reduction in the allowance of butter from two to one and one-half ounces per capita is recommended, with the substitution of an allowance of Coto-suet or lard sufficient for cooking purposes. The saving effected in this way may be used for increasing the supply of milk, where the usual allowance is found to be insufficient.

Eighth. It is recommended that as much variety as possible be made in the bread by furnishing white, brown, rye, etc., instead of white only, as is the general practice.

Ninth. Poultry, eggs, oysters, clams, etc., except when specified for general use, are to be estimated for as special diet, but the total amount of meats, including the special articles, should not exceed the per capita allowance of twelve ounces.

Tenth. The acute and hospital cases are to be supplied with suitable additions to this basic dietary, including meats, eggs, milk and fresh fruits, by special orders of attending physicians.

CHAS. W. PILGRIM,
SELDEN H. TALCOTT,
OLIVER M. DEWING,

Committee of Medical Superintendents.

DIETARY FOR APRIL**FRIDAY, APRIL 1**

Breakfast.—Mackerel and potatoes for workers; oatmeal and milk or syrup for others; bread and butter, coffee.

Dinner.—Fresh fish, potatoes, macaroni with cheese, bread, steamed spice pudding with sauce.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

Dietary of State Hospitals

SATURDAY, APRIL 2

Breakfast.—Liver for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Roast beef, brown gravy, potatoes, boiled rice, pickles, bread.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

SUNDAY, APRIL 3

Breakfast.—Hash, bread, butter, coffee.

Dinner.—Boiled ham sliced, potatoes, apple pie and cheese, bread, butter, coffee for men, tea for women.

Supper.—Molasses cake, cheese, bread, butter, tea.

MONDAY, APRIL 4

Breakfast.—Cold meat for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Beef stew, carrots, boiled farina, bread.

Supper.—Fruit or sauce, bread, butter, tea. Pork and beans for workers.

TUESDAY, APRIL 5

Breakfast.—Sausage for workers; corn meal mush and syrup for others; bread, butter, coffee.

Dinner.—Roast mutton with gravy, potatoes, canned tomatoes, bread, oatmeal pudding.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

WEDNESDAY, APRIL 6

Breakfast.—Shoulder (cold) for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Vegetable soup with shredded meat, potatoes, bread, bread pudding.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

THURSDAY, APRIL 7

Breakfast.—Pork stew for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Corned beef and cabbage, potatoes, boiled rice, bread.

Supper.—Cinnamon bread, cheese, bread, butter, tea. Cold meat for workers.

GOOD FRIDAY, APRIL 8

Breakfast.—Creamed codfish, potatoes, bread, butter, coffee.

Dinner.—Fresh fish, potatoes, pickled beets, corn starch pudding.

Supper.—Hot X buns, fruit or sauce, bread, butter, tea.

Dietary of State Hospitals

SATURDAY, APRIL 9

Breakfast.—Hash, bread, butter, coffee.

Dinner.—Mutton pot-pie, potatoes, onions, bread, boiled farina.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

EASTER SUNDAY, APRIL 10

Breakfast.—Boiled eggs (two each), farina, syrup, bread, butter, coffee.

Dinner.—Oyster stew, crackers, potatoes, bread, butter, tapioca pudding; coffee for men, tea for women.

Supper.—Fruit or sauce, bread, butter, tea.

MONDAY, APRIL 11

Breakfast.—Smoked salmon, oatmeal and milk or syrup, bread, butter, coffee.

Dinner.—Pot roast, gravy, potatoes, carrots, bread, boiled rice.

Supper.—Bread, butter, ginger bread, cheese, tea. Cold meat for workers.

TUESDAY, APRIL 12

Breakfast.—Sausage for workers; wheat flakes and syrup for others; bread, butter, coffee.

Dinner.—Mutton stew, potatoes, onions, bread, sago pudding.

Supper.—Currant biscuit, fruit or sauce, bread, butter, tea. Cold meat for workers.

WEDNESDAY, APRIL 13

Breakfast.—Hamburg steak or beefsteak for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Corned beef and cabbage, potatoes, bread, butter, parsnips, boiled farina.

Supper.—Ginger cake, cheese, bread, butter, tea. Cold meat for workers.

THURSDAY, APRIL 14

Breakfast.—Corned beef hash, bread, butter, coffee.

Dinner.—Vegetable soup with meat, potatoes, turnips, bread pudding.

Supper.—Johnny-cake, syrup, bread, butter, tea. Cold meat for workers.

Dietary of State Hospitals

FRIDAY, APRIL 15

Breakfast.—Eggs, potatoes, bread, butter, coffee.

Dinner.—Fresh fish, potatoes, canned peas, pickles, bread, boiled rice.

Supper.—Bread, butter, ginger bread, cheese, tea. Cold meat for workers.

SATURDAY, APRIL 16

Breakfast.—Beef stew for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Boiled beef, potatoes, onions, bread, tapioca pudding.

Supper.—Coffee cake, cheese, bread, butter, tea. Cold meat for workers.

SUNDAY, APRIL 17

Breakfast.—Wheat flakes and milk or syrup, bread, butter, coffee.

Dinner.—Roast beef, gravy, potatoes, succotash, bread, butter, coffee for men, tea for women, boiled farina.

Supper.—Fruit or sauce, bread, butter, tea.

MONDAY, APRIL 18

Breakfast.—Sliced shoulder for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Mutton stew, potatoes, turnips, spiced pudding.

Supper.—Johnny-cake, syrup, bread, butter, tea. Cold meat for workers.

TUESDAY, APRIL 19

Breakfast.—Eggs for workers, farina and syrup, bread, butter, coffee.

Dinner.—Corned beef and cabbage, potatoes, bread, boiled rice and syrup or milk.

Supper.—Baked beans (cold), bread, butter, tea. Cold meat for workers.

WEDNESDAY, APRIL 20

Breakfast.—Hash, bread, butter, coffee.

Dinner.—Vegetable soup with meat, potatoes, canned corn, bread pudding.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

Dietary of State Hospitals

THURSDAY, APRIL 21

Breakfast.—Hamburg steak or beefsteak for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Roast beef, gravy, potatoes, boiled parsnips, boiled farina.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

FRIDAY, APRIL 22

Breakfast.—Codfish balls, potatoes, bread, butter, coffee.

Dinner.—Fresh fish, potatoes, pickled beets, bread, rice pudding.

Supper.—Dried herring, bread, butter, cake, cheese, tea.

SATURDAY, APRIL 23

Breakfast.—Eggs for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Boiled beef, potatoes, parsnips, barley soup, bread.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

SUNDAY, APRIL 24

Breakfast.—Smoked salmon, stewed potatoes, bread, butter, coffee.

Dinner.—Roast mutton, potatoes, canned peas, apple pie, cheese, bread, butter, coffee for men, tea for women.

Supper.—Fruit or sauce, bread, butter, tea.

MONDAY, APRIL 25

Breakfast.—Hash, bread, butter, coffee.

Dinner.—Pot roast, gravy, potatoes, bread, macaroni, cheese.

Supper.—Bread, butter, Johnny-cake, syrup, tea. Cold meat for workers.

TUESDAY, APRIL 26

Breakfast.—Cold sliced shoulder for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Beef stew, turnips, bread, baked Indian pudding.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

WEDNESDAY, APRIL 27

Breakfast.—Cold meat for workers; hominy and syrup for others; bread, butter, coffee.

Dinner.—Roast mutton, canned corn, potatoes, bread, rice pudding.

Supper.—Bread, butter, currant biscuit, cheese, tea. Cold meat for workers.

Dietary of State Hospitals

THURSDAY, APRIL 28

Breakfast.—Liver for workers; oatmeal and milk or syrup for others; bread, butter, coffee.

Dinner.—Roast beef, brown gravy, spinach, potatoes, bread.

Supper.—Fruit or sauce, bread, butter, tea. Cold meat for workers.

FRIDAY, APRIL 29

Breakfast.—Eggs for workers; wheat flakes and syrup for others; bread, butter, coffee.

Dinner.—Fresh fish, pickled beets, potatoes, tapioca pudding, bread.

Supper.—Cinnamon bread, butter, bread, tea. Cold meat for workers.

SATURDAY, APRIL 30

Breakfast.—Beef hash, oatmeal and syrup, bread, butter, coffee.

Dinner.—Vegetable soup with shredded meat, onions, potatoes, bread, rice, pudding.

Supper.—Baked beans (cold), bread, butter, tea. Cold meat for workers.

CHAPTER 5

Officers' Salaries and Employees' Wages

Under the provisions of a mandatory statute, officers' salaries and employees' wages were made uniform throughout the State hospital system for similar grades of service. This mandatory legislation was the result of a recommendation of the Commission made several years ago. On the first of January, 1896, the schedules for officers' salaries and employees' wages went into full operation, and they have continued in such operation for a period of one year and nine months. In the eighth annual report, chapter 4, page 36, the subject was fully discussed from observations made up to that time. Since that date nothing has occurred to disturb the belief of the Commission that the scheme adopted was a wise one. It is true that in certain institutions where wages had been comparatively low they were raised, but the great benefit of the system lay in the fact that the adoption of this schedule put a stop to the constant tendency towards an advance. Moreover it eliminated the element of so-called favoritism and obviated the dissatisfaction which theretofore had been to an extent felt. It is not now in the power of any superintendent to increase or diminish wages. It is not in the power of a single Commissioner in Lunacy. The schedule can only be changed by at least a majority vote of the State Commission in Lunacy and by the concurrent action of the Governor, Comptroller and Secretary of State. When New York and Kings turned over their insane to the State, some apprehension was expressed by the management of those institutions that the rate of wages provided under the schedule would be insufficient to secure a sufficiently high grade of service, and an amend-

Officers' Salaries and Employees' Wages

ment was made in the statute, which would permit of an increase in wages in those institutions if experience should be found to make it advisable. This experience has not materialized; the rate of wages is sufficiently high to attract sufficiently capable employees, and no difficulty from this source has been experienced.

The Commission believes that it is now the universal sentiment of all hospital superintendents that the adoption of a permanent wage schedule has resulted not only in increased efficiency in the service, but in material economy. As bearing upon this point, Dr. C. W. Pilgrim, Superintendent of the Hudson River State Hospital, a superintendent of wide experience in the care and treatment of the insane, in his report for the year ending September 30, 1896, states as follows in relation to this subject:

"In this connection mention should be made of the revision of the wage schedule which went into effect on the first of January last. This revision, made by the Commission in Lunacy, with the assistance of a committee of superintendents, will do much, it is hoped, for the better care of the insane. The positions of attendant and nurse have been made more lucrative and the training school with its systematic instruction will make them more attractive. It is expected that the increased expenditure for wages will be more than balanced by the increased efficiency in the service."

As regards the conditions in the Long Island and Manhattan State Hospitals, which led the resident officers to doubt the efficiency of the present schedule of wages, it may be said that it is not always the amount of wages which makes hospital work attractive. Regard for the welfare of employees; reasonable restrictions and a well-regulated discipline; an opportunity for improvement and advancement; just treatment, and a knowledge on the part of the employee that valuable service rendered will receive due acknowledgment; the maintenance of an active interest in the training school, all these are features that go further in attracting to the service desirable employees, and in lengthening their terms of service, than slight advances in wages.

Officers' Salaries and Employees' Wages

Experience has shown that the wage schedule has increased the permanency of employees. The records at the office of the Commission show that there are fewer discharges. Employees are better satisfied, knowing that they receive the same compensation that is received elsewhere for the same grade of service. Under the old plan constant complaints were made that one hospital paid higher wages than another, and frequent applications for transfers were made, not only by officers, but also employees, thus to a certain extent demoralizing the service, causing a great amount of grumbling and ill-feeling. All this has disappeared. In addition to this, ease of administration is not the least important feature. The time of the superintendents also is not taken up in haggling over an increase of wages. Influence is no longer sought to obtain increases. A person who now comes into the State's employ knows at once what he will receive for his services for a given length of time. Hours of duty and vacations were also provided for in this schedule.

Inasmuch as the wage schedule has been somewhat revised during the past year, it is again inserted, more especially for the convenience of those who are not familiar with the subject.

(Form 394.)

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 27th day of October, 1896.

Present.—Peter M. Wise, President; Goodwin Brown, Henry A. Reeves, Commissioners.

WHEREAS, Chapter 944 of the Laws of 1896 provides, among other things, that "salaries and wages shall be uniform for similar grades of officers and employees in all the State hospitals so far as practicable, and which shall be classified and determined by the State Commission in Lunacy, subject to the approval in writing of the Governor, Comptroller and Secretary of State;" and

WHEREAS, After consultation on the 23d of September, 1896, with a committee of superintendents of the State hospitals, appointed under a resolution adopted at a conference of superintendents with the Commission held pursuant to section 2 of chapter 214 of the Laws of 1893, the Commission, with the unanimous concurrence of said committee, adopted a revised schedule of uniform wages which, upon submission to the State officers afore-

Officers' Salaries and Employees' Wages

said, was approved by His Excellency Levi P. Morton, Governor; the Honorable James A. Roberts, Comptroller; and the Honorable John Palmer, Secretary of State; now, therefore, it is hereby

ORDERED, That in the State hospitals there shall be in effect on and after January 1, 1897, the following

SCHEDULE OF EMPLOYEES' WAGES**GENERAL RULES**

The following rules, affecting, directly or indirectly, the wages of employees, adopted at a conference of superintendents of State hospitals, with the Commission, pursuant to the provisions of section 2 of chapter 214 of the Laws of 1893, are inserted for the information and guidance of officers and employees. Superintendents are empowered, however, to modify them at such times as in their judgment the welfare of the hospital would be jeopardized by their strict interpretation.

I**VACATIONS AND ABSENCE FROM DUTY**

Employees of State hospitals, for convenience in the application of rules relative to vacations and absence from duty, shall be divided into four classes, as follows:

1. Employees engaged in the immediate care of patients, whose service is substantially continuous.

2. Other employees, not directly engaged in the care of patients, but whose duties cover all the days of the week; also employees engaged in clerical services requiring close attention and intense application.

3. Employees who are regularly in the service of the hospital, who live in the institution, but are not on duty evenings or Sundays.

4. Skilled artisans and those whose hours of labor are well defined who are paid on account of their skill the commercial rate of wages, and who are not engaged evenings or Sundays.

The first class shall be entitled to an annual vacation of fourteen days; to each fourteenth day after the morning's work is performed, or its equivalent, and to each third Sunday, with full pay during such absence; except night nurses and attendants who shall not be entitled to the fourteenth day.

The second class shall be granted fourteen days' annual vacation and each alternate Sunday after morning's work, with full pay during such absence.

Officers' Salaries and Employees' Wages

The third class shall be entitled to one week's annual vacation, with full pay during such absence.

The fourth class shall not be entitled to a vacation. If the employees of this class are called upon to perform duties during unusual hours or upon Sunday, they may be allowed the equivalent of such time from their regular hours.

Employees who are off duty as the result of sickness shall not be entitled to compensation for the time thus lost.

II**COMMUTATION FOR BOARD AND LODGING**

No employee shall be allowed to board or lodge away from the hospital, except by special permission of the superintendent in each case, subject to the approval of the Commission.

When employees are allowed to board or lodge away from the hospital, a uniform rate of \$10 per month shall be allowed in addition to the regular monthly wages, and this amount shall be apportioned at the rate of \$2.50 per month for each meal, and \$2.50 per month for lodging.

III**LAUNDRY ALLOWANCE**

Employees residing within the hospital shall be entitled to the number of pieces provided in the laundry schedule adopted at a conference of superintendents with the Commission October 24, 1895. Employees lodging away from the hospital shall not be entitled to the use of the laundry.

IV**SUPPLIES FOR MEMBERS OF EMPLOYEES' FAMILIES**

No employee shall be entitled to the use, for members of his family, of any portion of the supplies or products of the hospital, without payment therefor at a rate to be determined by the superintendent subject to the approval of the Commission.

V**GRADUATES OF TRAINING SCHOOLS**

No graduate of a training school and no employee who has taken a full two years' course in a State hospital training school shall be entitled to the increased compensation herein provided for chief supervisors and nurses until after passing an examination

Officers' Salaries and Employees' Wages

to be held and conducted by a board of State hospital examiners appointed at a conference of superintendents with the Commission.

VI**PROBATIONARY SERVICE**

The probationary term of service of attendants, or other employees who may be employed for a probationary term, shall be understood as applying only to those newly appointed, and the term of such service shall not exceed a period of two months. The compensation for probationary service shall be at the minimum rate established for that grade of service, and this probationary period shall not extend beyond the full calendar month next following the date of employment, in order that the date of permanent employment shall begin on the first day of the month.

VII**DATE OF EMPLOYMENT**

In applying the rule relative to increase of wages by reason of length of service, the date of employment shall be construed as beginning on the first day of the calendar month following the date of actual employment, unless such employment shall have actually begun on the first day of the month. This rule is not to be construed as depriving an employee of compensation for the days of actual service rendered prior to the first day of such month.

VIII**TRANSFER, RE-EMPLOYMENT AND DISCHARGE OF EMPLOYEES**

Transfer of employees from one State hospital to another shall be made only upon the written consent of the superintendents of the hospitals from and to which such transfer is proposed to be made, and in such case the service shall be regarded as continuous. Employees leaving the service and subsequently obtaining employment therein shall be regarded and classified as new employees. No employee who has been discharged from a State hospital shall be employed in another hospital, without the approval, in writing, of the superintendent of the hospital from which such employee was discharged.

IX**INCREASE OF WAGES**

In the classification and assignment of existing employees in conformity with this schedule the rate of wages, in any grade in

Officers' Salaries and Employees' Wages

which an increase of wages is provided, shall be determined in each case by the length of service in that particular grade; the commencement of such service to date from the first of the month next ensuing after appointment or promotion to such grade.

X**NUMBER OF EMPLOYEES**

The number of employees in each grade shall be determined by the superintendent, subject to the approval of the Commission.

SCHEDULE OF WAGES**1****ADMINISTRATION DEPARTMENT**

The administration department shall be classified as follows:

1. Medical internes.
2. Apothecaries.
3. Man stenographer.
4. Woman stenographer.
5. Watchmen.
6. Policemen.
7. Barbers.
8. Coachman.
9. Drivers.
10. Pages and messenger boys.

	Wages per month
1. Medical internes	\$50
2. Apothecaries	\$40 - 50
3. Man stenographer.....	50 - 60
4. Woman stenographer.....	40 - 50
5. Watchmen	35
6. Policemen	35
7. Barbers	30 - 40
8. Coachman	40 - 45
9. Drivers	25
10. Pages and messenger boys.....	14 - 18

Increase of wages from minimum to maximum, so far as applicable to the foregoing list, shall be made at the rate of two dollars per month at the end of each year of continuous service.

Where necessary, attendants may be detailed to perform the duties of

Officers' Salaries and Employees' Wages

Porters,

Office attendants,

Ushers,

Door attendants and such other duties as are not specified.

Barbers, where deemed advisable, may be paid by piece work at a rate to be agreed upon, subject to the approval of the Commission.

Where necessary, attendants may be detailed to assist in barbers' work.

Pages or messenger boys may be employed when necessary, the increase of wages from the minimum to the maximum, to be at the rate of one dollar per month for each six months of continuous service.

2

FINANCIAL DEPARTMENT

The financial department shall include the steward's and treasurer's departments, and the records of both departments shall be kept at the hospital.

	Wages per month
Bookkeeper	\$70 - \$80
Accountant	60 - 70
Voucher and treasurer's clerk	40 - 50
Storekeeper	40 - 50
Man stenographer	50 - 60
Woman stenographer	40 - 50

The increase of wages from the minimum to the maximum in each case shall be at the rate of two dollars per month at the end of each year of continuous service.

Additional services in the storekeeper's department, when necessary, may be provided from the grade of attendants.

Where a telegraph office is maintained in an institution an extra compensation of ten dollars per month shall be allowed to the person performing the service of operator.

3

SUPERVISORS

There shall be two grades of supervisors, as follows:

1. Chief supervisors.
2. Supervisors.

Officers' Salaries and Employees' Wages

Chief supervisors	Wages per month
Men	\$40 - \$50
Women	35 - 45

Chief supervisors shall be graduates of training schools. Increase of pay from minimum to maximum shall be at the rate of one dollar per month at the end of each six months of continuous service in that grade.

Supervisors	Wages per month
Men	\$35 - \$45
Women	30 - 40

Increase of pay from minimum to maximum shall be at the rate of one dollar per month at the end of each six months of continuous service in that grade.

4

NURSES AND ATTENDANTS

Nurses and attendants shall be graded as follows:

1. Charge nurses.
2. Nurses.
3. Charge attendants.
4. Attendants.
5. Special attendants.
6. Dining-room attendants.
7. Ward helpers.

All grades of attendants, except special attendants and dining-room attendants, shall be divided into two classes, namely, graduates and non-graduates.

All graduates of training schools, certified as such by the board of examiners to be hereafter appointed, shall be designated as "nurses," whether men or women, and all other employees engaged in the care of patients shall be designated as "attendants."

Women nurses or attendants who are employed on the wards of men patients, and whose duties are similar to those of men attendants or nurses, shall receive the same compensation as men nurses or attendants of similar grade.

The designation "special attendant" shall apply only to attendants who are competent to perform skilled labor and who are actually engaged therein.

The designation "charge attendant" shall apply only to attendants who are actually in charge of wards.

Officers' Salaries and Employees' Wages.

WAGES OF NURSES AND ATTENDANTS

	Per month	
	Men	Women
1. Charge nurses	\$28 - \$33	\$23 - \$28
2. Nurses	25 - 30	20 - 25
3. Charge attendants	25 - 30	20 - 25
4. Attendants	20 - 24	14 - 18
5. Special attendants	30 - 35	25 - 30
6. Dining-room attendants .....	.....	14 - 18
7. Ward helpers .....	.....	12

The increase of wages from the minimum to the maximum, in all cases, shall be at the rate of one dollar per month at the end of each year of continuous service, except that ordinary attendants shall receive an increase at the end of each six months of continuous service.

An attendant or nurse performing night service for a period of one month succeeding the first day of the month shall be entitled to one dollar per month in addition to the wages due them.

5

DOMESTIC SERVICE

	Wages per month
Housekeepers	\$25 - \$30
Waitresses and chambermaids	13 - 17

Increase of wages from minimum to maximum shall be at the rate of one dollar per month at the end of each year of continuous service.

6

KITCHEN SERVICE

The service shall be divided into five grades, as follows:

1. Chefs.
2. Head cooks.
3. Cooks.
4. Assistant cooks.
5. Kitchen helpers.

The chef must possess the qualifications which are generally understood to apply to that term, and shall have, under direction of the superintendent, a general supervision of all kitchens

Officers' Salaries and Employees' Wages

and kitchen employees, and, in addition to his other duties, shall instruct the other cooks and members of the training school in the art of cooking.

The designation "head cook" shall apply to employees in charge of the main kitchens.

The designation "cook" shall apply to employees in charge of the smaller kitchens.

	Wages per month	
	Men	Women
Chefs	\$75	.....
Head cooks	40	\$40
Cooks	25	25
Assistant cooks . . . . .	.....	20
Kitchen helpers	20 - 24	14 - 18

The wages of kitchen helpers shall be increased from minimum to maximum at the rate of one dollar per month at the end of each six months of continuous service.

7

BAKERY SERVICE

	Wages per month
Baker	\$50
Assistant baker	35
Bakers' helpers	20 - 25

Increase of wages of bakers' helpers from minimum to maximum shall be at the rate of one dollar per month at the end of each year of continuous service.

One assistant baker shall be allowed to each baker.

8

MEAT CUTTERS

	Wages per month
Meat cutters	\$40

Officers' Salaries and Employees' Wages

9

LAUNDRY SERVICE

The laundry service shall be classified as follows:

Laundry overseer.
Launderers.
Head laundress.
Laundresses.

	Wages per month
Laundry overseer.....	\$50
Launderers.....	25
Head laundress.....	25
Laundresses.....	15

10

ENGINEER'S DEPARTMENT

The engineer's department shall be classified as follows:

1. Steam and water plant.
2. Electrical department.
3. Plumbing and steam fitting.

The chief engineer shall have general supervision and direction, under the superintendent, of all employees and of all machinery and equipment of the engineer's department.

	Wages per month
Chief engineer.....	\$100
Engineer's assistants: 1st grade.....	60
2d grade.....	50
3d grade.....	40
Electrical engineer.....	75
Electrical engineer's assistants: 1st grade....	60
2d grade.....	50
3d grade.....	40
Linemen.....	35
Plumbers and steamfitters.....	60
Plumbers' and steamfitters' helpers.....	\$21 - 30

Plumbers' and steamfitters' helpers shall receive an increase from the minimum to the maximum at the rate of three dollars per month at the end of each year of continuous service.

Officers' Salaries and Employees' Wages

	Per month
Firemen, eight-hour shifts.....	\$30
Firemen, twelve-hour shifts.....	40

11

BUILDING DEPARTMENT

The building department shall be classified as follows:

1. Head carpenter.
2. Carpenters.
3. Masons.
4. Painter.
5. Tinsmith.
6. Blacksmith.

Where deemed advisable, instead of heads of the several divisions, there may be a master mechanic, who shall have general supervision over the entire building department.

	Wages per month
Master mechanic.....	\$100
Head carpenter.....	60
Carpenters.....	50
Painter.....	50
Blacksmiths.....	50

Masons, tinsmiths and other mechanics not classified in this department, may be employed, when necessary, by the day, at a rate of compensation to be determined, subject to the approval of the Commission. Where deemed advisable, special attendants may be assigned to skilled labor in the building department.

12

INDUSTRIAL DEPARTMENT

The industrial department may include, where necessary, a shop foreman, a tailor and a shoemaker.

	Wages per month
Shop foreman.....	\$45
Tailor.....	\$40 - 45
Shoemaker.....	40 - 45

Officers' Salaries and Employees' Wages

Increase of wages of tailor and shoemaker from minimum to maximum shall be at the rate of one dollar per month at the end of each year of continuous service.

The following occupations may be provided for by detailing attendants, or special attendants, for the particular service to be performed:

Bath-master.
 Bath-mistress.
 Broom maker.
 Brush maker.
 Clothing clerk.
 Dressmakers.
 Glazier.
 Mattress maker.
 Photographer.
 Seamstress.
 Soap maker.
 Stocking knitter.
 Tailoresses.
 Upholsterer.

Bath-masters and bath-mistresses shall be employed only where associate bath-houses are in operation.

13

PRINTING AND BOOKBINDING DEPARTMENT

There shall be one printing and bookbinding department which shall be located at the Utica State Hospital where all the printing, binding and other work which may properly be assigned to it shall be done for all the State hospitals. The employees of this department shall be classified as follows:

	Wages per month
Foreman.	\$60
Printer.	50
Bookbinder.	50

An employee who, in addition to his other duties, performs the duty of proof-reader in the printing and bookbinding department, shall receive an additional compensation of \$25 per month.

The bookkeeper who keeps the accounts of the printing and bookbinding department shall receive an additional compensation of \$20 per month.

Officers' Salaries and Employees' Wages

14

FARM AND GROUNDS DEPARTMENT

The farm and grounds department may include a head farmer, a dairyman, farmers, herdsmen, gardeners, florists, teamsters and laborers.

	Wages per month
Head farmer	\$45-\$50
Dairyman.	35 - 40
Farmers.	25 - 30
Herdsmen.	25 - 30
Gardeners.	35 - 40
Florists.	40 - 45
Teamsters.	20
Laborers.	20

Increase of wages, from minimum to maximum in the farm and grounds department, where provided for, shall be at the rate of one dollar per month at the end of each year of continuous service.

15

RAILWAY DEPARTMENT

	Wages per month
Engineer.	\$45 00
Fireman 1	18 00
Fireman 1	13 50
Conductor 1	18 00
Conductor 1	13 50
Trackman.	30 00

This shall apply only to the Willard State Hospital, where a steam railroad is operated as a branch of an established railway system.

This rate of wages, except for trackman, is fixed at one-half of the amount received by these employees, the other half being paid by the railway company operating the road, pursuant to contract.

16

RELIGIOUS SERVICES

The sum of \$10 shall be allowed for each religious service held at the hospital. The total sum, however, to be expended in any

Officers' Salaries and Employees' Wages

one year for such purposes shall not exceed \$600 for each hospital, except in hospitals where the administration departments are so widely separated as to render additional services necessary.

The foregoing schedule is made sufficiently comprehensive to meet existing and widely differing conditions in the State hospitals. Many positions are provided which, obviously, it will not be necessary to fill in some hospitals, and therefore it is not contemplated that each hospital shall necessarily fill all of the positions provided. Grades of employment other than those specified in the schedule shall not be established in any hospital, except under peculiarly urgent conditions, and the special approval of the Commission in each instance.

By the Commission:

[L. s.]

T. E. MCGARR,
Secretary.

Approved, at the Capitol, in the city of Albany this 9th day of December, 1896, by

LEVI P. MORTON,
Governor.

JAMES A. ROBERTS,
Comptroller.

JOHN PALMER,
Secretary of State.

CHAPTER 6

LEGISLATION RECOMMENDED

Somewhat singularly, in the revision of the Insanity Law no method was provided for determining the capacity of the hospitals. The Commission believes that this fault should be remedied, and suggests legislation for determining the number of patients that can be cared for. In one section only is there even an inference or a suggestion. This section provides that the Commission shall transfer patients when in its judgment the hospital is overcrowded, but no declaration on the subject is made.

The care of money belonging to patients when admitted has been the subject of more or less trouble, and the Commission would therefore recommend that the statute provide that all money brought in by patients shall be deposited in the hospital treasury, to be applied to the patient's board or to be returned to the patient if discharged. There is no reason why this course should not be pursued. The State is a safe bailee and is amply responsible for any money entrusted to its custody.

Experience seems to indicate that the repealing of the statute relating to the discharge of patients on bond was in some respects an error. Many of the superintendents believe that the provision should be restored; that oftentimes a patient might be discharged if some one could be held responsible. The Commission would therefore recommend suitable legislation on this subject.

The Commission has experienced much difficulty in the past year in enforcing the support of patients by relatives. When the State assumed control of all of the insane, insufficient provision was made in the statutes for compelling payment by relatives; consequently many have taken technical opportunity to avoid lia-

Legislation Recommended

bility through the fact that in the various statutes which cover the subject the law was not made to correspond with the assumption of the care of the insane by the State. The Commission would therefore recommend that suitable legislation be provided. Oftentimes, too, where the State has a claim against a patient or a relative, it finds that there are other claims. There is no reason why the State should not be a preferred creditor. Certainly the general statutes provide that cost of a person's support shall take precedence over other debts or demands against his estate. Property which is necessary for such support cannot be taken to satisfy a judgment, and there is no reason why the State should not get the benefit of this principle.

During the past year the State has had several unpleasant experiences in acquiring land for State hospital purposes. For a long period of time the Department of Public Works has had the legal right to take land for canal purposes, of course only upon being able to show that it is absolutely necessary. When the land is once taken the parties owning it are allowed to present their claim to the Court of Claims. There is no reason, in the judgment of the Commission, why such proceedings should not be taken in case of land needed for State purposes generally. While it is true that condemnation proceedings now apply to the acquisition of land for State hospital purposes, it is believed that this method is cumbersome, expensive and prejudicial to the real interests of the State. In some instances that have come under the observation of the Commission the local commissioners appointed by the courts have awarded damages for land out of all proportion to the real value.

Experience seems to indicate that it might be wise to provide that the statute be amended so that superintendents need not be required to meet the Commission more than once in two months. While it is not quite clear that such a provision would be a proper one, it is believed that if the statute were amended so as to provide that, in the discretion of the Commission, the hospital superintendents should not meet a less number of times than once in each two months, the plan might be worthy of consideration.

Legislation Recommended

This would leave it in the option of the Commission to continue the meetings once a month, if found desirable.

Much difficulty is now experienced in enforcing the health laws where they affect the hospitals. In many instances hospitals are situated in agricultural regions where the health boards are both inefficient and indifferent. The necessity for adequate protection against the introduction of infectious or contagious diseases will be admitted by all, and it is therefore suggested that the jurisdiction of the State Board of Health should be exclusive within a certain radius of each of the State hospitals. In this way alone could effective measures be taken to properly secure the health of the inmates.

For several years past many cattle on the State hospital farms have been destroyed by order of the State Board of Health by reason of being tuberculous. So far as the destruction of infected cattle of individuals is concerned, provision is made for reimbursing the owners in whole or in part. The Commission would therefore recommend that the statute be so amended that the State hospitals can have their claims adjudicated by the State Board of Claims in the same way, without the need of a special statute.

CHAPTER 7

ALIEN AND NON-RESIDENT PATIENTS

The Commission is satisfied after an experience of many years that further legislation should be obtained in regard to non-resident and alien patients. Up to within twenty years ago there was absolutely no restriction on immigration. In consequence there is no doubt that great numbers of insane and defective persons were allowed to enter this country, who, under proper regulations, would have been kept out. To illustrate this point it is only necessary to say that, while the foreign born population of the State is 25 per cent. of the whole, the foreign born population of the State hospitals is over 50 per cent., thus showing that a large percentage should have been kept out of the country. Under the provisions of chapter 460, Laws of 1897, the Commission was authorized to take such steps as might be necessary and to expend necessary funds for the purpose of securing additional legislation on this subject. In pursuance of this statute, the Commission has caused to be prepared amendments to the immigration law, which is now under consideration by Congress. Among other things it believes that the time within which an insane person can be returned to his home should be extended to at least two years. The present United States statutes provide that in order to secure the return of an alien lunatic within one year by the Immigration Department at the expense of the steamship company there must be a certificate showing that the insanity arose as a result of causes existing before his entrance into the country. A modification of this requirement should be made. While a superintendent of a State hospital may be morally satisfied that such is the case, he is loath to make the required certificate. Certainly no serious wrong would result from an abrogation of this certificate and the extension of the time to two years. Immigrants frequently come into the country

Alien and Non-resident Patients

poorly supplied with money. After their money runs out, and perhaps after a failure to obtain work, despondency and brooding ensue, which tends to bring to an issue an incipient case of insanity. The subject is one of large financial importance to the State. If it is true, as seems to be the case, that 25 per cent. of the population of the State hospitals for the insane in New York were improperly admitted into this country, or even 10 per cent., the loss to the State on this account will be conceded to be enormous. The figures elsewhere presented, showing cost or loss to the State of \$6,231 for each patient not recovered during the average life of twelve years, if applicable to 10 per cent. of the whole number, or 2,000, would make an aggregate appalling in the way of total cost of maintenance, etc. Therefore, for the financial interest of the State it is imperative that the State should protect itself, especially in view of the fact that the State of New York contains the chief port of entry into the country. It would be cheaper for the State to employ a trained corps of alienists stationed at every port of departure in Europe as well as every port of entry in this country, to keep such undesirable immigrants out.

And similar observations may be made in regard to the non-resident insane. It is a matter of extreme difficulty to secure the return to other states of insane persons who have found a temporary habitat here. By reason of the fact that nearly all the railways in the country lead to New York, and of the consequent frequency of train service, it is found to be the practice of other states to send insane persons into this State. Oftentimes it is believed that the entrance into the State of this class of undesirable persons is secured by the simple giving of a fee to a trainman in addition to the regular transportation charge, and examination of the reports of other States proves that insane persons must have been transported into this State by such means. As the expense for this purpose indicates that they must have been allowed to travel alone, the result is that they land in the city of New York or other large cities, and are turned loose upon the streets and committed to the nearest State hospital. At

Alien and Non-resident Patients

present there is no legislation and no method of determining disputes between states relative to the return of persons who have no actual residence. Notwithstanding most of the states have stringent laws against the admission of this class of persons, yet where persons are brought into the State without being actually accompanied by the person who secures their transportation, it is difficult to right the wrong or punish the wrong-doer, since extraterritorial extradition does not apply. The Commission has therefore taken steps to secure legislation by Congress which shall prescribe a method for determining such disputes between different states and referring the whole subject to the United States courts for adjudication, and in this way not only could the return of persons shown not to be residents of the State be made, but by the intervention of the United States courts of criminal jurisdiction adequate punishment might be meted out to those who deserve it.

During the past year the Commission has deported into other states and countries, 110 lunatics, at a total cost of \$3,522.80. It will be observed that the expense of deportation is relatively small—exceedingly small in comparison to the enormous gain made by such removals. If the gain to the State be computed on the basis of \$6,231 per patient—the amount shown in another part of this report to be the loss on account of caring for an insane person for a period of twelve years—it will be seen how great the saving is. Comparisons should not be made in the case of the deportation of the insane with that of persons who are not insane. It is comparatively an easy matter to remove out of the State a person who is not insane, if he is able to travel; the simple purchasing of a railroad ticket will bring about the desired result; but in the case of the removal of the insane it is oftentimes necessary—nearly always where the person must be conveyed to a foreign country—to have such person escorted by a trained attendant, as the steamship companies will not admit an insane person on board ship, if they know the fact of insanity to exist, and extreme care therefore has to be exercised.

CHAPTER 8

Results of Treatment of the Insane

Elsewhere in this report (chapter 3, page 30) is given a computation of the loss that would be entailed upon the State by its failure to cure one-half the number who now recover under treatment. As this computation is applied to the individual it must be admitted that it is rather under than overestimated; as applied to the general result, it may be conceded to be mainly conjectural; and yet not really so when viewed in the light of data from this and other States and countries that are periodically published. As a general proposition, we may safely aver that genuine hospital treatment of the insane, as compared with ordinary custodial care without modern modes of application of remedial agencies, mental and physical, would result in an alarming decrease of recoveries. But apart from and above the question of cost, in this connection there comes to the front a sentiment of far greater significance, out of which sprang the impulse that led to the founding of all the State hospitals and institutions for other defective and dependent classes—that of humanity. The great object in view is the relief of suffering humanity—the mitigation and possible removal of an affliction than which none greater can befall mankind. There is scarcely a neighborhood in this great State without a living example of the State's wisdom. But for the State's justice in this regard, a large proportion of these recovered patients, who are now supporting themselves, and in some instances their families, would be under the weight of woe which attends a clouded intellect, with all its resultant disabilities. It is, then, both unjust and narrow to treat the relation of the State to its insane citizens from a monetary standard altogether, unless due regard be paid to the indirect and far-reaching advantages

Results of Treatment of the Insane

that accrue from so truly wise a reform as "State Care of the Insane" has proved itself to be. Not a few instances are on record where a legislator, who in his official capacity, shared in action upon bills affecting the insane, has later in life personally benefited from the enlightened wisdom which establishes and maintains proper hospital accommodations for insane inmates.

To individuals who may have indulged in doubts as to the propriety of the large expenditures by the State on account of its insane, there is always a possibility that a personal experience may come, when a fuller appreciation of the value and need of enlightened methods of treatment will be strongly impressed upon them. No other calamity, not even death of relatives or friends, strikes so deeply at the finer sensibilities of our nature as loss of reason in those we love. To meet and alleviate, if not to master, this overpowering deprivation, who will say that any resource which the State can command should be omitted on account of its cost? No intelligent person can object to any judiciously and economically ordered outlay, for maintaining State hospitals fully supplied with the best remedial equipment. In the relations which such hospitals bear to the several phases of both custodial care and remedial treatment, it is not expedient to recognize any class distinctions; hence the averages of cost in the different lines of expenditure which the Commission severally considers are based on the whole number of inmates. Of course, if merely custodial care, such as used to be all that was given by county asylums and almshouses to their insane inmates, were the only measure of the treatment extended to the insane in State hospitals, the cost of maintenance might be very largely diminished. But the demands of really adequate hospital care and treatment during the period when recovery is possible, or even probable, can not safely be restricted in so far as concerns the employment of any agency likely to be effective. In particular cases, in order to bring a patient under the most favorable conditions, a large outlay may be indispensable for extraordinary appliances; for exclusive care by nurses or attendants; for expensive nutrition or medication, etc., in-

Results of Treatment of the Insane

volved a total cost perhaps largely in excess of the average per capita. None of such cases are reckoned separately, but all are included in making up the average maintenance rate, which is computed on the cost of supporting all the several classes of insane inmates, whether separately treated at this special cost, or receiving only the ordinary hospital care and treatment. Stress is laid on this point because too often in discussions of the present hospital system and in instituting comparisons with those of other states and counties, it seems to be overlooked.

As has previously been noted, any considerable reduction in the present maintenance charge must result in cutting down the number of physicians and nurses, since the food supplies, ordinary repairs, farm and grounds outlay, etc., are already limited to necessary requirements and can not undergo any further material diminution. Hence it is certain that to substantially lower the maintenance charge means a corresponding curtailment of the means and methods of treatment to the level of simply custodial care, with its attendant effect of cutting off most of those modern agencies for improving the condition of patients in hospitals which have contributed so largely to make them comfortable and contented to a degree far greater than used to be the case.

Beside the number who recover, there is the much larger number, whose mental condition, as compared with the state in which they were living before sufficient facilities for suitable treatment existed in the hospitals, has been improved. Any casual visitor at a State hospital can not fail to notice this fact. There, without physical restraint and without any objectionable degree of restriction, a large proportion of the patients may be seen, properly clothed, free from excitement, and often pursuing customary occupations in so apparently rational and safe a manner that the conclusion of such an observer is frequently expressed to the effect that such persons might as well be cared for at home. This quiet and comfortable condition, with its appearance of restored sanity, is the direct result of enlightened treatment, which, while it does not always lead to recovery, greatly promotes the "peace of mind" and cheerful enjoyment of life which are so desirable to

Results of Treatment of the Insane

all and so eminently desirable to attain in dealing with the insane. In the treatment of cases even of a most pronouncedly chronic type, improvement and occasional recovery become possible. A leading feature of modern hospital treatment is an increased study and clearer perception of individual characteristics, with less regard to any merely arbitrary classification; to deal in this spirit with the large number of patients in the hospital, it is obvious a great increase of personal attention is requisite, and in consequence many more physicians, nurses and attendants are needed.

It has been established that the muscular activity of the insane, known as excitement, violence and destructive habits, is a morbid energizing that cannot be subdued by mechanical, manual or chemical restraint. Hence, in place of the muff, camisole, straight-jacket, crib, narcotic drugs, or airing courts or seclusion, is substituted health-giving and interesting occupation or exercise, that will still permit the morbid energy to have a muscular expression, by leading it into useful or non-irritating channels of work, or diverting it to some interesting purpose. That "the tired worker sleeps well" may be said of the insane as well as of the cotter, and when is added to occupation, content and physical health, a great object is gained, which can be readily appreciated in any one of the State hospitals. The selection of cases and the determination of the kind of occupation or exercise adapted to the individual with reference to treatment, is purely a medical question and must be so determined in each case. The physical state as well as the mental becomes a factor to consider, and the physician uses the same discretion in his determination which he applies to other therapeutics. Occupation as a remedy is chiefly applicable to the chronic insane, where the physical organs have resumed their normal functions, or nearly so. In recent insanity it is usually a state of exhaustion which characterizes the physical departure from health, even in those cases who outwardly manifest great excitement. It is notable that exhaustion of the brain cells more frequently leads to an irritable condition than a depressed one. In these cases the

Results of Treatment of the Insane

effort is to have the patient regain the stability of the nervous elements, in order that they may again functionate normally, and allow the mind to resume its equilibrium. Frequently there is defective assimilation of food and the physician has the greatest difficulty in getting the digestive organs to act as his ally in treatment. The Commission has therefore held that the application of diet and nutrients to the needs of the sick and acute cases was a question to be determined by the physician in each case, and in the revision of estimates its restrictions have been limited to the character of such foods and nutrients rather than to the qualities or quantities.

It may then be safely maintained that the State gains, not only finally but instantly, by intelligent action in sustaining a proper standard of remedial treatment and custodial care of its insane. In the interests of economy of public funds it is evidently the duty of the Commission to encourage to every reasonable extent, the possible cure of every curable case, and it has done so. The dictates of enlightened self-interest and the spirit of the Constitution and the law demands the care of the afflicted wards of the State, and it has been and is the effort of the Commission to carry this purpose into effect to the fullest degree consistent with the means provided by the legislature, which, thus far, have been sufficient.

CHAPTER 9

REIMBURSING PATIENTS

The past year has shown a marked increase in the amount of money received from "reimbursing" patients. At the time the State Care System went into full effect every county in the State was relieved from any effort to secure reimbursement. It is true that certain counties in the State made some efforts in this direction. As a rule, the returns were comparatively small. It became evident that some provision was necessary to secure in whole or in part the cost of support of those patients whose relatives were legally liable, or whose friends were willing to assume it. Hence legislation was secured which provided for the appointment of agents to represent certain districts in the State, who should look into the finances of relatives and secure reimbursement, in whole or in part, wherever possible. This work is now becoming systematized, and the results are highly satisfactory, each year showing a considerable gain over previous years. The expenses and compensation of agents bear but a small proportion to the amounts received.

During the past year efforts more or less successful have been made to evade the plain requirements of the statute. Ever since the first revision of the statutes, the law requiring support of public dependents by relatives has been mandatory and definite. By the provisions of the present Insanity Law parents and children were included as well as husbands and wives, the only important change made consisting in compelling the wife, where able, to support her husband. The provisions, however, of the Code of Criminal Procedure were left unamended, and, as a consequence, evasion in some instances has been successfully effected. The Commission has therefore prepared amend-

Reimbursing Patients

ments which it is believed will obviate the difficulties which have heretofore been experienced, and it more especially refers to the subject under chapter 6, "Legislation Recommended." The Commission is required to fix a rate for the care and treatment of inmates to be paid by relatives who are liable or friends who are willing. This rate is sufficient to provide for ordinary maintenance and a certain proportion of the cost of repairs and improvements to the buildings. The rate which has been fixed by the Commission is \$3.75 per week. This is a trifle in excess of the average actual cost over a series of years, but is not excessive when it is considered that to a certain extent the cost of repairs and improvements is covered by it.

During the past year the sum of \$102,795.24, has been secured on this account. The total expenditure for this purpose amounted to \$13,494.68.

It will be observed that the sum received on account of the care of the insane is small in comparison to the whole cost of support. This is accounted for by the fact that in the vast majority of instances the relatives are too poor to pay any part of the sum charged. The Commission exercises great care to see that no hardships are imposed; that if relatives have families to support, or others dependent on them, they shall not be made to pay a greater sum than their circumstances will permit. All these matters are carefully inquired into by the special agents above referred to, and, so far as the Commission is aware, few cases of hardship have been reported.

CHAPTER 10

PRISON MADE GOODS

Under the provisions of the revised constitution which went into effect January 1, 1895, and of legislation in pursuance thereof made effective January 1, 1897, all departments of the State government are required to purchase their supplies from the prisons, as far as practicable. So far as the State hospitals are concerned, in common with other departments of the State government, this law is made absolutely effective by the refusal of the Comptroller to allow for purchases made in contravention of this statute. As a consequence the State hospitals are purchasing supplies of the prisons in the way of furniture, clothing, tinware, boots, shoes, brooms, brushes and many other articles. At first considerable difficulty was experienced, as might have been expected. In many instances the quality of the goods furnished was claimed to be inferior to that of those which can be obtained in the market. The prices for these goods are determined by a board known as the Board of Classification, in which the Commission, the Superintendent of Prisons, the Comptroller and the State Commission of Prisons have each one vote. The statute requires that these prices shall be as near as possible to the market rates. While undoubtedly the statute works some disadvantage, it is believed that ultimately there will be a great saving to the State, certainly in the way of securing uniformity of goods, and thereby cheapening the cost. It is undoubtedly true, however, that for a short time, perhaps a year or more, until the prisons become accustomed to the manufacture of goods, the quality will sometimes be somewhat inferior to that of goods purchasable in the open market at the same prices. This will undoubtedly, to some extent, raise the cost of maintenance. The Commission, however, believes that these difficulties will finally disappear, and the law will be found a satisfactory one. It is a constitutional requirement, and as such it must be followed.

CHAPTER 11

The Pathological Institute of the New York
State Hospitals

The Pathological Institute for the State hospitals has justified its creation by the work performed during the past year. Particular attention is called to the following report of the director, which sets forth in greater detail than heretofore, the broad foundation that is being laid for a superstructure of methods that may be expected to achieve great advancement over present knowledge of the nature of insanity. It is noteworthy that the work being done and the manner of doing it, are receiving the greatest encouragement and praise from those best qualified to judge of its value. It has long been recognized that greater co-operation in work of this nature—investigations into the more obscure problems of the human organism, was desirable, but the difficulty of acquiring it has been great. The State hospitals' laboratory may be said to be the only truly co-operative effort that has been made thus far, particularly with reference to the subject of insanity. Its example is receiving endorsement by similar efforts being made elsewhere, not only in the United States but in foreign countries. The principles underlying the creation of the laboratory are universally admitted as correct. Its progress and success depends largely upon its management, and the avoidance of attempting too much; in other words of widening the field of research unduly, to embrace matters not closely allied to the causation and pathology of insanity. The director's report indicates the close relation which exists between general diseases and the brain functions, and why it is necessary to go outside of the special field in some degree, in order to get at the root of the matter. It may be a matter of opinion how far such a diversification of work is justified, but up to the present time the Commission is

The Pathological Institute

convinced that it has been limited to requirements. Progression has been made and is considerable; the profession at large is giving the work of the laboratory greater attention; it is an educational factor of great importance; it directly stimulates the medical work of the several hospitals to a higher degree of efficiency, and it may be safely anticipated as proving a more potent agent in clearing up the obscure problems of mental science as they pertain to insanity and mind deterioration than has ever been heretofore exercised.

It should be understood that the Pathological Institute is for all the State hospitals, twelve in number, and although its cost, considered as a whole may appear large, yet when it is comprehended that it provides for the pathological work of twelve large hospitals, the division of expenditure for each hospital is relatively small, and certainly far more economical than the maintenance of separate pathological departments in the several hospitals, which the organic laws of a number of these institutions provided for. The effectiveness of this co-operative work, as compared with the former method of separate departments is incomparable.

SECOND ANNUAL REPORT OF THE PATHOLOGICAL INSTITUTE*To the State Commission in Lunacy:*

Gentlemen.—In presenting the second annual report of the Pathological Institute—the center of scientific work for the State hospitals—the subject matter groups itself about four important themes arranged in sections as follows:

Section 1. The beneficial results of scientific investigation of insanity.

2. The inadequacy of the present methods of investigating mental diseases.

3. The correlated branches of research in the scientific investigation of insanity.

4. The unclassified residuum.

5. General remarks on the organization and conduction of the Pathological Institute.

The Pathological Institute

SECTION 1

THE BENEFICIAL RESULTS OF SCIENTIFIC INVESTIGATION OF INSANITY

In discussing the practical utility of scientific investigation of the insane, I feel that a larger and broader view should be taken than that of prophesying specific examples of cure as a direct result of scientific study and computing the gains to the State in dollars and cents per annum; although the beneficial practical results of the coming epoch of scientific investigation of mental disease in the yearly cure and discharge of but a few patients, some thirty or fifty, would pay the annual allowance for the Pathological Institute.

The history of the insane has been written again and again, and is familiar to all who deal with this unfortunate and dependent class; still a glance at this history gives such graphic and incontestible evidence of the absolute dependence of the progress of their treatment upon science, that I may ask for indulgence in once more tracing the outlines of this chronicle. It illustrates the truth of my plea of the practical benefit of scientific investigation of the insane too forcibly to be omitted. History shows that science has been the guiding star of every single step of progress in the treatment of the insane. All of the enlightenment and humanity shown in the treatment of the insane to-day, as contrasted with their pitiable condition a hundred years ago, has been conferred by science. Science has been the salvation of the insane from beginning to end.

It does not seem inappropriate in this attempt at an untechnical exposition of the benefits of a comprehensive attitude in the scientific investigation of the insane, to intimate, trite though it may be, that science itself is not a mere mass of facts and theories, not lending themselves to practical applications. Nor should science be wrongly viewed as wrapped up in the clouds of pale abstractions without descending to earth and placing herself in touch and sympathy with human affairs.

The Pathological Institute

In the early Egyptian, Babylonian, Assyrian and Biblical periods, the whole subject of insanity is entirely wrapt up in the grossest superstition and relegated to the influence of good or evil spirits and devils.

The ancient Egyptian understood well enough what every other civilized nation has found out by observation, namely, the enormously destructive effects of alcohol upon the human brain. An ancient papyrus exhorting a drunkard to forsake the tavern, states "that if beer gets into a man, it overcomes the mind." Knowing the effects of alcoholism upon the mind, they did not perceive that intoxication of the nervous system by alcohol may exhibit any phase of insanity and is, as a matter of fact, a temporary attack of insanity, and declared that when individuals became permanently insane, they have been seized on by evil gods and demons.

Biblical illustrations of insanity are too familiar to need mention. The insanity of Saul, Nebuchadnezzar*, and the feigned insanity of King David are household knowledge. The healing of the lunatic in the New Testament described the classical symptoms of epielpsy, and the deportment of the swine after being pervaded by the devils or unclean spirits, cast out of the Gergesene madmen, gives a graphic illustration of the objective character and individuality of demoniacal possession in insanity which was carried down through the middle ages.

A glance at insanity among the Greeks is very interesting; the Hellenic world regarded insanity as a visitation of the gods. This was natural and in harmony with the elaborate character of their mythology. Homer tells how the anger of the gods reduced Bellerophon to melancholia and Sophocles describes the furious and destructive mania of Ajax terminating in melancholia. Euripides gives such a fine description of the cardinal

* Nebuchadnezzar has somewhat of a prototype at one of the State Hospitals, who is to be seen crouched down upon the lawn in one of the enclosures between the buildings, busily plucking up the blades of grass and the clover leaves during the summer season. This man does not do this because he imagines he is some grass eating beast of the fields, but his plucking at the grass is merely an automatic motor accompaniment and an outward expression of his profoundly melancholic thoughts.

The Pathological Institute

symptoms of an attack of homicidal fury with epilepsy, that it might well pass as the description of a well informed modern psychiatrist. The first protest against the superstition and ignorance in which this subject was enveloped is found in the writings of Hippocrates. Hippocrates was wonderfully in advance of his times. Here was a physician and a man of scientific knowledge, practising in the fifth century before Christ, yet his bold self-reliant beating down of superstition and ignorance always kindles new admiration. He wastes no words in battering down the makeshift of ascribing misunderstood things to the Divinity, the invariable refuge of the ignorant.

In speaking of epilepsy the "Sacred Disease," he says: "The sacred disease appears to me no wise, more divine, nor more sacred than other diseases; but has a natural cause from which it originates like other affections. Men regard its nature and cause as divine from ignorance and wonder, because it is not at all like other diseases." He also brings out the inconsistency of singling out epilepsy as the sacred disease since so many kindred affections of the brain of equally mysterious origin ought equally well be called divine or sacred diseases. He remarks again: "They who first referred this disease to the gods appear to me to have been just such persons as the conjurors, purificators, mountebanks and charlatans now are * * * Such persons, then, using the divinity as a pretext, and screen for their own inability to afford any assistance, have given out that the disease is sacred, adding suitable reasons for the opinion, and they have instituted a mode of treatment which is safe for themselves, namely, by applying purifications and incantations and enforcing abstinence from baths and many articles of food, which are unwholesome to men in disease * * * *This disease is formed from those things which enter into and go out of the body* and it is not more difficult to understand and cure than the others, neither is it more divine than other diseases * * * "Men ought to know that from nothing else but the brain (the soul and with it physis) manifestations was located in the stomach by one eminent physician of the

The Pathological Institute

middle ages), come joy, despondency and lamentation * * * , and by the same organ we become *mad* and *delirious*."

These are fine blunt common sense words from a scientific man, and it is a pity that they remained unheeded for two thousand years afterwards.

Hippocrates' hint as to the causal agency of epilepsy in the italicised sentence is particularly interesting, for even to-day we have only begun to search out whether epileptic attacks may not be due to the action on the brain of some poison which escapes from the intestines into the blood in the course of disordered digestion. Hippocrates clearly points out too that disease of the brain is accountable for insanity.

Besides this he even classified insanity with such good sense, into manias, melancholias and dementia, that in 90 per cent. of the cases at the present day the self-same classification is used.

Thus Hippocrates insisted that the insane were neither incarnation of gods nor devils, but that they were human beings, that they were the victims of disease like others suffering from less mysterious forms of illness, and that this disease was located in the brain. Furthermore he believed that this disease of the brain was caused by the contact of bad humors. And if the term "bad humors" be translated as poisons or toxic agents, it is the scientific language which we have just begun to employ in explaining the cause of many forms of insanity.

This remarkable man went even further. He proposed *treatment* and *cure* of the insane, by ridding and purging the body of these evil and brain disturbing humors. Such enlightenment, born of science put to shame the care of the insane even at the beginning of this century.

Plato should not be passed by in this retrospect of science leading the insane through the wilderness of malignant ignorance and superstition. For in a measure he was the forerunner of the most important point in the salvation of the insane, namely, their care by the State. The great philosopher and lawgiver takes good care to provide for the insane in the laws of the "republic,"

The Pathological Institute

to the effect that the insane should not wander about openly and irresponsibly in the city, but should be watched over at home by relatives in the best manner possible, and if these relatives became negligent in their care, the latter should be fined according to their means.*

Hardly anything in the world of thought or matter escaped the keen analysis of Aristotle, whose mind, as some one has said "saved the middle ages from relapsing into utter intellectual barbarism." Accordingly we find him speaking of the sympathy (or correlation and inter-dependence) of the body and the mind, and remarking that changes in the one affect the other, and *vice versa*. Too much stress cannot be laid upon the importance of Aristotle's wonderful intuition in intimating the dependence of brain disease upon other disease of the body, for I do not believe this fundamentally important truth which has lain dormant for over 1800 years was mere keen guess work with Aristotle. It was the result of deductive method in science, for in a later book, we find him supporting his position on the verge of this great discovery by instancing the handiwork of poisons of the acute fevers in producing acute delirium, and recognizing the illusions and hallucinations of this species of insanity.

The next champion of enlightenment with regard to the insane, appears in Asclepiades, about 100 B. C. But accounts are conflicting about the methods which this physician used in dealing with the insane. It appears on good authority that he fell back into the use of chains. This could not have been with him a panacea for insanity. Chains must have been used only in violent or destructive instances, for the use of chains would be inconsistent in a man who protested against poisoning his patients with opium and hyoscyamus, but tried to "induce sleep by gentle friction." He would not tolerate venesection nor dark cells, but brought his patients out into the light and gave them an efficient diet which although somewhat abstemious was systematic and regular.

* Plato Republic, Book xi; quoted from Tuke, "Historical Sketch of the Insane" Dictionary Psychological Medicine.

The Pathological Institute

The renowned Celsus, living somewhat later, is rather disappointing in his treatment of the insane, for what good there was in his moral treatment, was overbalanced by abuse of the insane, making them "capitulate," by starving, binding in chains and beating them. His influence in subsequent periods was also pernicious, for as Tuke remarks. "It is melancholy to reflect that many centuries afterwards, all that was bad in his system was faithfully copied and even intensified, while what was good (the music, the sports, and the excitement of cheerful hopes) was overlooked; as was also the employment of friction—in other words, massage and regular exercise after food."

Of all names illustrious in the rescue of the insane, from Hippocrates down to the times of men of Pinel's stamp, that of Caelius Aurelianus stands alone and unrivalled. The isolated brilliancy of this man is due to scientific knowledge and the attributes of courage of convictions, common sense and humanity which such knowledge always confers. Moreover, all this in the man was happily joined with a faculty of practical application in the salvation of the insane.

To show how wonderfully well science spends her treasures in useful and practical application, I can do no better than to quote from Dr. Tuke as to what this man accomplished.

"He had no patience with those who reduced a violent patient to obedience by flagellation which he speaks of as applied to the face and head, and so causing swellings and sores. He recognized the mental pain from which the unfortunate would suffer on returning to consciousness. He placed the maniac in a room, moderately light and warm and excluded everything of an exciting character. His bed was to be firm, properly fixed to the floor, and situated so that the patient would not be disturbed by seeing persons enter the room. Straw soft and well beaten, but not broken, was to be used for the bed, and if the patient tried to injure himself, he was to be padded on the neck and chest with soft wool."

"Minute and praiseworthy were the rules laid down by this enlightened physician, as to the duties of *attendants* and it

The Pathological Institute

would not," says Dr. Tuke, "disgrace the corresponding regulations in the handbook prepared by the Scotch branch of the Medico-Psychological Association." Thus they were to beware of appearing to confirm the patients' delusions and so deepen his malady. They were to take care not to exasperate him by needless opposition and they were to endeavor to correct his delusions at one time by indulging condescension and at another by insinuations. Fomentations by means of warm sponges were to be applied over the eyelids in order to relax them, and at the same time to exert a beneficial influence on the membranes of the brain."

"Restlessness and sleeplessness were to be relieved by carrying the patient about on a litter. During convalescence theatrical entertainments were to be given. * * * Riding, walking and the exertion of the voice were recommended. For the poorer patients, *farming* was to be encouraged if they were agriculturists, while if sailors they were to be allowed to go on the water. He denounced the abstinence which Celsus had extolled and asserted that a low diet was more calculated to cause than to cure madness. Further he protested in the strongest manner against putting patients in chains and trusted to the care and control exercised by attendants. He speaks against the practice pursued by some, of making patients intoxicated, inasmuch as insanity was often caused by drink. He was opposed to venesection (but not to cupping) and to reducing the strength of the patient by the administration of hellebore and aloes, on the contrary he favored soothing and invigorating the patient by emollient astringent application respectively."

The work of this man does not need much comment. It speaks for itself. To appreciate it we must transfer ourselves back to his times. He is the Pinel of ancient times—a firm indomitable humane apostle of science, striking off the manacles of the insane, neglecting the twaddle of superstition and instituting measures for treatment and cure. In short, he took the insane out of the dungeons, bedlams and infernos, and placed them in hospitals, where they belong like other human beings

The Pathological Institute

afflicted with diseases of other organs than the brain. And all this we in the light of modern times have only brought in to general use within the last twenty or fifty years. Would that the example of Aurelianus had been followed in succeeding generations. His precepts stand out in strong contrast to the stuff and jargon about the insane emitted by some of the physicians of the middle ages, although many of them had fairly sensible ideas of other medical themes. The man was some seventeen hundred years in advance of his times.

Thus we find that even in ancient times science rescued the insane from the hades of superstition and reached its climax in caring for and treating them in the enlightened hospital of Aurelianus, the forerunner of the great modern hospitals of the present day, as, for instance, in our own State. This took some four hundred years from the times of Hippocrates to Aurelianus (first century A. D.). The remarkable thing in this epoch of progress in the insane, is that it was accomplished by three or four great leading men not even operating consecutively much less collectively, and in the face of a mythology which firmly pervaded almost all walks of life. When a man like Hippocrates starts a movement of such magnitude some one must stand at hand to take up his mantle and push the work with unflagging zeal.

From the decay of ancient civilization to our own times the history of the insane has but repeated itself. In the middle ages science and common sense were dethroned by ignorance. Rationalism went to pieces and even the fragments fell down into the abyss of superstition. Science could not thrive in such benighted environment and all that she had done for the insane fell backwards in the darkness of the middle ages. The insane fell into the clutches of superstition and mysticism and literally and figuratively sank into the hands of the devil, whence they were plucked forth by science centuries later through the Pinels, Tukes, Chiarugis, Daquins and ultimately placed in enlightened hospitals through State care agency and the labors of Esquirol, Foville, Guislain, Tuke, Conolly, Jacobi, Ferrus, Rush, Virgilio and Pisani.

The Pathological Institute

The fate of the insane in the middle ages was simply hideous. They wandered about "possessed of Devils" without home or habitation, with every one's hand against them and no choice between the Scylla of public cursings and the Charybdis of the care of their relatives. For we know that private care of the insane in those times was a species of private hell.

Things even came to a worse pass than this. The insane were not even accorded the saving grace of being considered human beings. They were not at times even taken to be men possessed by devils and fiends, but were held to be a different species, an unhuman class, a set of animals or positive incarnations of devils taking on human guise. The atrocities which such a belief would entail upon the insane are hard to describe.

It is needless to dwell upon these things. It is the self-same miserable record of the pitifulness of human nature when degenerate or in the bondage of ignorance. Nor would I tarry on the theme were it not to show as forcibly as I may, that to expect progress in the care of the insane without fostering the scientific study of insanity, is like attempting to guide a rudderless ship.

With all of the revulsion of feeling that we may have in looking upon the abuse of the insane in the middle ages, it serves poignantly well to show how much science has done for them and how much it is still destined to accomplish for their future welfare.

"Truly nothing was spared the insane at this age from the brutality of the jailers armed with sticks and dogs, and the spitings and mockings of the multitude—for whom the sight of the misery of the insane became an object of amusement and recreation,"—up to the administration of noisome decoctions, rivaling the witches' broth in Macbeth. One of these was Venice treacle, which started in with the flesh and broth of vipers, and then passing through sixty-two other ingredients, including all manner of disreputable weeds and filthy roots, strove for final absolution by tapering off with Canary wine and honey.

The Pathological Institute

While the medieval record of the treatment of the insane is perhaps not much worse than that of the inquisition and the crimes of witchcraft*, it is a most grievous thing to record that long after these other sins were mitigated, the insane still had to drag out their miserable existence through wearisome long years, even to centuries. Treated worse than dogs, many of these wretched beings who survived the cruelty of the keepers, rotted away in their chains in filthy cells or dark dungeons. It would have been more merciful to put them to the sword.

One redeeming feature of gentleness and humanity is the care of the insane of this age by the monks. While the monks could never disabuse their minds that the insane were possessed by devils and fiends, compassion dwelt in their hearts, and their "Exorciso te" and "Vade retro Satanus," after New Testament teachings, were more kindly exorcisms of the devil than flails, stones and bludgeons. Churches and Holy wells accordingly often furnished a refuge for the insane.

Let us drop the curtain upon the times when the quasi-religious man hardened his ignorance into contempt and vindictiveness at the sight of a Kepler explaining the pathways of the planets, a Galileo elucidating the laws of mechanics, or a Pinel smiting off the gyves of the insane. His enmity has long since smouldered into ashes, and out of them have arisen the beneficent hospitals of our own times; for meanwhile science had been slowly resurrecting from the tomb of the dark ages, and had chosen men of Philip Pinel's stamp as her apostles to deliver the insane out of bondage. No one with even a most languid interest in the terrible history of the insane or in their present welfare, can fail to be interested in the character and doings of Pinel.

* Most undoubtedly the insane contributed the majority of victims to this evil torture. The vaporings and incredible feats which the paretic proclaims, and the systematized delusions in certain other forms of insanity, must have furnished abundant ease of conscience for the bigots of such times to torment lunatics as witches or devils. The doings of religious maniacs and melancholics must also have furnished sufficient blasphemy to merit torture and death. We can hardly believe, however, that it made much difference with the insane, whether they were called witches or "Lunaticks."

The Pathological Institute

Pinel was fortunate in having a successor like Esquirol to take up his mantle. But I may observe that most of the good fortune, if such it is to be called, in what Pinel accomplished, lies in the fact that he was an apostle of science. He had that which few, if any, about him possessed—a scientific knowledge of insanity, elementary though it was. He saw that the insane did not belong to a different species, but that they were human beings afflicted with a disease of the brain; that they had to be considered as patients, and receive medical care and treatment in hospitals like other human beings, afflicted with maladies elsewhere in the body. Pinel's good fortune was his inspiration by science.

The story of Pinel has often been told, but I trust that the moral I have in mind, in sketching the history of the insane, will not stand out any the less boldly by repeating the account.

Toward the close of 1793, Pinel, who was physician at the Bicêtre (the great French prison for the insane), could stand the sight of things there no longer. He went to one of the leaders of the French revolution for authority to take the irons off the insane. "His demand was bold, for he ran the risk of attracting the distrust and suspicion of men always disposed to find everywhere plots against themselves." In fact, the suspicion immediately betrayed itself in Couthon's reply:

"Citizen, I shall go to-morrow to Bicêtre to inspect it; but woe to thee if thou hidest the enemies of the people among the lunatics."

The man kept his promise, and arrived next morning at Bicêtre to examine the insane himself in detail. He soon tired of the monotony of the pandemonium of screams, yells, the clanking of chains echoing from the damp and filthy cells. and, turning to Pinel, said, "Look here, citizen, are thou insane thyself, that thou wilt unchain such *animals*?" "Citizen," replied Pinel, "I am convinced that these lunatics are so unmanageable only because they are robbed of air and liberty, and I dare hope much from the opposite means of treatment." "Well, do with them what thou likest, but I am afraid thou will be the victim of thy presumption."

The Pathological Institute

Pinel commenced work that same day. Had he not in advance taken all precautionary measures which such a step required, such as proper provision for the freed slaves, he would have failed.

In less than a week he had freed more than fifty lunatics from their manacles. "Some were exceedingly dangerous, and among them patients who had been in chains for *ten, twenty* and even *thirty* years.*

Pinel stayed two years at the Bicêtre, encountering plenty of the pigheaded opposition of ignorance, but he had the satisfaction of seeing his efforts crowned with success. The excitement created by bad treatment gave way to quietness and improvement in the patients, and tractability replaced tumult and disorder. Everywhere he went came light, air and decent food. Promenades and workshops arose to divert into wholesome trends disordered and insane energy. Jailors were forced to discard their sticks and dogs, and became attendants. In short, he forecast the modern hospital for the insane. He then went to work at the Salpêtrière, another large iniquity for the insane at Paris, encountering again blind, malignant opposition, but achieving success in the end.

Seldom, if ever, do strokes like Pinel's make their force felt as soon as it would be expected. The reason is, that the length of time which the masses must have for education up to an appreciation of such measures is disheartening, and shows that *vox populi vox dei* may also be *vox populi vox ignorantiae*. For the people are usually liable to be ignorant of scientific teachings, and ignorance fights desperately against knowledge and science, both from ill will and from being stripped of revenue and the power of oppression.

Without detracting from Pinel's glory it would be unfair to both Germany, England and Italy, to have it appear that the initiation of the last century's progress is wholly due to him, for

* Dr. Pargeter, in 1792, says that the festerings of these manacles and cords actually destroyed the flesh of the extremities. In one case where the jailer had tied the patient's legs with cords, when removed, these had so lacerated the integuments, tendons and ligaments, that gangrene took place.

The Pathological Institute

meanwhile, other Pinels were at work in these countries—Chiarugi reforming the asylum in Florence and the Tukes the Bethlem and York asylums in England. Germany must be mentioned separately, for she was in advance of all the rest of the world in these things.

Germany's advance work in the care of the insane at Pinel's period is a most forcible illustration of the truth I am seeking to emphasize—that progress in the care of the insane is absolutely dependent upon the guidance of science. In Germany, in several places, Pinel's work had already been accomplished. As early as 1773, no lunatic was allowed admittance at the asylum at Berlin without a medical certificate. In 1785, at Frankfort-on-the-Main, a hospital of the enlightened type existed, and also at Lübeck (1788), and at Brunswick (1793). Berlin started one in 1784.

The reason for this advance in the care of the insane by Germany is not hard to find. The Germans foster scientific research; they have found out that it pays. Science is substantially encouraged by the government, and economy, strength, prestige and humanity are the returns. Amid such a splendid galaxy of names as Gall, Spurzheim, Haller, Burdach, Reil, Oken, Jacobi and Nasse, psychiatry received a great impetus. Observe, too, how, at the beginning of the century, Germany was taking means to sow broadcast a general knowledge of insanity, that it might not be immured or become narrowed within the asylum walls. We find that domiciles for the insane were built near the universities, where scientific investigation of the insane might be broadened out and an understanding of insanity brought to the general practitioner by teaching the medical student.

The president of our own State Commission in Lunacy has, in his recent address before the New York State Medical Society, struck the keynote of this same appeal to have a wider appreciation and teaching of psychiatry in our own country, especially when, in these days, we are stepping across the threshold of a new epoch in scientific investigation of insanity, which bids fair to make a revolution in its progress.

The Pathological Institute

Note, too, Germany's foremost attitude in arousing and keeping alive interest in mental science in her journals even at the beginning of this century. The magazine for Psychotherapeutics was started in 1805 and rehabilitated in 1808, with less pedagogy and metaphysic and more natural philosophy and objective methods. A little later Nasse started a second journal which owed much to Jacobi, the nestor of the German alienists who exercised a personal influence on the development of mental science in Germany.* In 1819 another journal, devoted to the interests of the insane, appeared. In 1838 still another, and in 1844 *Allgemeine Zeitschrift für Psychiatrie*, which still continues.

Here are five journals devoted to the interests of insanity within the first half century. No other nation has a record like this and their influence in the progress of insanity up to present times has indeed been great.

Germany's† example, then, is a fine monument for my plea of state support of scientific investigation of the insane.

Italy was but little in the vanguard of Germany at the close of the last century. Chiarugi and Daquin had commenced reforming the asylum at Florence on Pinel's plans before the latter had begun his work.

In England, the work was taken up and continued by the Tukes at the Bethlem and York retreats.

In the United States, the insane were at first subjected to the same abuses as elsewhere. But in spite of its early hardships and poverty, this country centering its efforts at Philadelphia managed not to be behind with the progress of the insane.

* Homage is again to be rendered to Samuel Tuke, for his example influenced Jacobi who translated in German in 1822 Tuke's "Description of the York retreat containing an account of its Origin and Progress, the Modes of Treatment and a Statement of Cases" (1813).

† While Germany was in advance with a few institutions it is of course not to be understood that the length and breadth of the land was up to the same standard. This was the case in every other country struggling for the weal of the insane. One or two institutions were well in advance, but elsewhere they were badly behind. In England, Tuke had enlightened Bethlem and York retreat, in Italy Chiarugi and Daquin did the same at the Florentine Asylum. In France, as we have seen, Pinel corrected Bicêtre and Salpêtrière. Throughout these countries the example was taken up very slowly. By her teachings, her journals, her four hospitals, and the requirement of medical certificates, Germany had the lead.

The Pathological Institute

Dr. Thomas Bond, shortly after 1751, put forth his efforts, seconded by Benjamin Franklin, for the establishment of an hospital for the relief of the sick poor and "for the reception and cure of lunatics." This hospital, too, recognized that insanity was a disease and that its victims were to be cared for and treated by physicians. It was in this hospital that Dr. Benjamin Rush gathered his experience for twenty-nine years that led him to practically say that much insanity arose from poisoning of the brain by the acute bodily diseases, which point of view, modified in the direction of precision, has come to the surface as a most important theme of study to-day. Nor is it to be forgotten that the United States very early recognized the maxim of Horace Mann that the dependent insane are, to a certain extent, wards of the State, a conception which led to their redemption from abuse.

With the progress of Pinel's period, science delivered the insane from the first epoch of their history, namely, the revengeful attitude of society. But this epoch still lingered on after Pinel's time, and the advance into the second period in the progress of the insane, was indeed slow.

In France twenty-four years went by before Pinel's work advanced a single step. For Esquirol his disciple, making an inquiry into the condition of the insane and their establishment in 1819, had occasion to write such bitter words as these:

"These unfortunate people are treated worse than criminals, and are reduced to a condition worse than that of animals. I have seen them naked, covered with rags, and having only straw to protect themselves against the cold, moisture, and the hard stones they lie upon; deprived of air, of water to quench their thirst, and of all the necessaries of life; given up to mere goalers and left to their brutal surveillance. I have seen them in their narrow and filthy cells without light and air, fastened with chains in these dens in which one would not keep wild beasts This I have seen in France and the insane are everywhere in Europe treated in the same way."

The Pathological Institute

Esquirol's eloquent description reverberates in one of Charles Reade's novels, which deals with these scenes in the early part of the century.

The second epoch in the progress of the insane is the period of passive indifference on the part of society. In several countries, in one or two institutions, the insane were released from the bondage of chains and on their way toward decent and humane treatment. But from the release of manacles to care and treatment in the hospital was a long stride, and unhappily a period of forty years from the beginning of the century awaited the insane in a second epoch of the indifference of society.* Very slowly indeed did Pinel's redemption make itself felt; and generally, even then, it stopped short and halted with the taking off of chains.

The insane were simply freed from their chains and nothing more. To any further progress society was indifferent. The insane were simply put out of the way, no longer actively tortured in the majority of instances, but merely gotten rid of. This was a period of sequestration, a negative mercy to the insane on the part of society, compared with previous times. As for attendance to the material welfare of the insane, clothing, food and housing, much less care or attempts at cure, or medical treatment, these things were at a low ebb.

After society had stowed the insane out of the way, where they could do no harm or be heard from, this was the end of them. No one took the trouble to know whether justice and individual liberties were travestied, nor was there any pretense of medical supervision and treatment.

Accordingly the insane were stowed away in the iniquities of the almshouses, workhouses, and other rookeries, or confined with prisoners in jails. This was the epoch of mere sequestration, which occurred between Pinel's and Esquirol's times, and the State care culminating in the modern hospitals. This was the day of Bedlams, Pandemoniums and Madhouses, and

* In 1804 the law classed the insane with animals: thus the code Napoleon (Belgium 1804), punished those who allowed "the insane and mad animals" to run about free.

The Pathological Institute

over their doors might as well have been written the motto: "Who enters here leaves hope behind." This was much of an improvement over the *Infernos* which Pinel found. Those in whom recovery is to be expected under present circumstances, must have had small chance in these places.

This kind of thing continued longer than we should expect. In Belgium for instance, Guislain found it evil enough to suit the most pessimistic views of human nature. The physicians in the asylums held very subordinate positions under lay superintendents who were speculators, working the lucrative side of the thing. It must have been a fine thing to filch political money out of such poor devils as lunatics, so that they were brought down to a cost of seventy centimes a day. Most of the patients were under the care of their relatives, who were generally ready to believe anything of them, and treated them accordingly, which in fact was the misery of the middle ages all over again. Others fell into the clutches of mercenary Judases who bid against each other for the lowest prices. So they were shut up in cellars, or small cells, with hardly enough to eat or drink, with chains and iron rings on their hands and feet, without the faintest pretense of medical authorization. Some, when brought out of these rat holes, arrived at the asylums in a dying condition.

This is the sort of thing that was still going on in a civilized country in the years of the Christian Era 1841 to 1850.

Let this condition of things warn the guardians of the insane not to fall back into ancient practices of barbarism, by intrusting the insane, who are really diseased and have to be treated methodically and scientifically, like all other patients in hospitals, into the hands of the laity who are ignorant of medical treatment. Such a condition of things would be a reversion to abuse and mere sequestration, by making of the insane, prisoners or slaves to people who will grind out of them whatever profit they can. When the insane have recovered from their mental disorder but have not recovered physically sufficiently

The Pathological Institute

to be able to stand the wear and tear on nervous energy in resuming the struggle for existence it is most important to provide an intermediate stage of care between their release from the hospital and their return to the activities of life. In this *after care of the insane* wherein we are quite behindhand in this country, care for the patient in a family or on a boarding-out plan in the country may be judiciously provided for with the utmost benefit in preventing relapse or return of the mental symptoms. For, although the patient may be cured so far as he is concerned mentally, he may still lack the resistance of the body forces, and perfectly restituted mechanism of recruiting energy for the nervous system so entirely dependent upon these somatic forces that premature resumption of the burdens of life is liable to bring on fatigue of the recently recovered nervous system and a return of the symptoms. But after care of the insane by the laity is a matter quite different from the care when the patient is still suffering from the mental symptoms. In the first example the mental symptoms have disappeared and the convalescent is recruiting his body forces to withstand the resumption of the activities of life, but in the latter example the physician, and none others, should have charge of the patient. The plan of allowing the laity to have care of the insane except in the judicious provision for after care is opposed to the whole course of science which has taught us by bitter experience that insanity is a disease and must be treated by physicians of special scientific training.

At this period in the latter portion of the first half of this century, science had completed the second epoch in the progress of the insane, and led them into the third period by substituting for its indifference, the active and humane interference on the part of society in the welfare of the insane. This third period is coincident with the inauguration of the modern hospital, and the acceptance of the insane by legislation, as wards of the State.

This history of this epoch in the progress of the insane, is too familiar to need mention. Ferrus has much of the credit in initiating this most important step of State care of the insane in

The Pathological Institute

France during the latter portion of the first half of this century. Other countries independently took up the same work.

Holland started very early with legislative enactments in the first part of the century, but her first laws were so defective that some one has said in their connection, that there was insanity of legislation as well as of private acts. The public interest in the insanity of the declining years of George III did much to prepare the interest of parliament for later legislative enactments for the insane.

Within the last twenty or thirty years, with State care as the haven, and science as the beacon light, the insane have been guided into the refuge of enlightened care and treatment. They have been taken from the almshouse, the madhouse and pandemonium, from amongst criminals, and placed in enlightened hospitals. Dante's motto has faded from the doorway, and the hope of treatment and recovery is held out to them.

In our own State, we have good reason to be proud that our institutions are not in any way behind those of any other place in the world. The hateful name of asylum redolent with so many bad memories of the past has been erased and the word "hospital" incarnated with humanity and the hope of future progress, substituted.

The final words of the history of the insane in our own country can not be written without paying tribute to the members of the first Commission in Lunacy of the State of New York, especially its President, Dr. Carlos F. MacDonald, and also to the present Commission and its colleagues in the hospitals. For this latter day progress of the insane in our State is their monument.

Thus we find that the history of the insane falls into four periods:

- I. The Period of Revenge.
- II. The Period of Indifference.
- III. The Period of Humanitarian and Empirical treatment.
- IV. The Period of Scientific Study, Rational Treatment and Preventive medicine.

The Pathological Institute

The *first* period presents the spectacle of society under the ban of ignorance, revenging itself upon the insane without even the eye for eye, and tooth for tooth justification. This lasted some seventeen hundred or more years up to the times of Pinel.

The *second* shows the passive, indifferent attitude of society. This was the period of mere sequestration of the insane, witnessed in the first half of the century.

The *third* presents the more inspiring sight of the active interest of society in behalf of the welfare of the insane through legislation and the founding of hospitals for beneficent care and medical treatment. The third and present epoch we may designate as the period of empirical medical treatment. The material welfare of the insane, such as their housing, comforts, amusements, moral and physical care, have reached a high degree of excellence.

The *fourth* and future epoch in the history of insanity will be the period of *rational* medical treatment and cure and it is to be hoped that the progress of this future period will be attended by more radical measures in public medicine for the *prevention of insanity*. The progress of this period will be based upon a more thorough understanding of the cause and course of the disease in any given case. This fourth epoch, the threshold of which we are crossing at the present time, is coincident with the *establishment of centers of scientific investigation*, in conjunction with systems of caring for the insane, in public and private hospitals. Science has hardly begun the broad and detailed investigation of the causes, origin and course of insanity. All this progress up to the present time has come about by the general march of science in medicine before even any detailed attempt was made to unravel the specific problems of insanity itself. How much more then, may we expect for the future when science will begin to use its present capacity and fitness to reach the very heart of the problem, the scientific story of the whole life history of insanity.

Moreover, this new and fourth epoch in the history of the insane, launched forth by the stimulus of modern scientific in-

The Pathological Institute

vestigation, will gradually point out the way and take into account the benefits of the *prevention of insanity*.

Unfortunately, the time is not yet at hand when these measures for the *prevention of insanity* can be at all extensively or successfully applied. Public opinion is not yet reared up to the scientific truths as to the sources of insanity, nor of their menace to civilization and society.

In educational directions, a scientific basis for the phenomena of human nature should be taught earlier in the schools. The innate instability of the higher and self-controlling spheres of the brain and the proneness of these spheres to undergo retraction from other parts of the brain, with the concomitant phenomena of beginning insanity or degeneracy, should have an elementary and simple presentation in the school text-books on physiology. The same presentation should be made of the physical basis of hereditary and the noxious effects of insufficient food supply and poisons upon the germ plasm and nerve cells. Above all, the action of alcohol upon the nerve cell should be impressed upon the minds of growing children as soon as they are able to assimilate such knowledge. The evil sources, such, for instance, as the ungoverned dissemination of syphilis that lead to the worst and most intractable forms of nervous and mental diseases are here among us; we cannot overlook them; they are factors of life and the State must sooner or later face the problem of taking strong measures to counteract and mitigate them.

As already forecast by empirical experience, science, even at this early stage in the new epoch of the scientific investigation of the insane, shows that in the case of an individual, without hereditary defects of the brain, the conditions for recovery are such as to justify an optimistic view. The probability that retraction of the arms of the nerve cell may dislocate them from their fellows, and cause corresponding dissociation of consciousness, synonymous with many phases of insanity, shows that no irreparable damage has occurred in the brain. Its mechanism is intact, but is merely, as it were, thrown

The Pathological Institute

out of gear. Each tiny cellular microcosm in the brain is intact; it has undergone no destruction; but a slender rift has occurred somewhere between the connection of the cells and the fields of the higher domains of consciousness are thus split off. There is no longer harmony, but discordance in the inter-relation of the spheres of higher consciousness. The nerve cell itself may even undergo quite a train of organic changes without passing over into the bourne of destruction; hence the chances of recovery in a perfectly normal individual undamaged by hereditary burdens upon his nervous system, are most hopeful. It remains for us to correct the process of retraction, which is a sign of deficient energy of the nerve cell, and the brain may be made whole again. Such a form of treatment has actually been applied with successful results by one of our associates at the Pathological Institute in a case of so-called double consciousness and has been based upon the principles of pure science, and permitted step by step from a scientific investigation of the case lasting many months.

Science, however, cannot be expected to perform miracles in the cure of the insane. If insanity be taken in its early stages when the brain is free from hereditary defects, much may be accomplished and the view is hopeful. But if the beginning of insanity have passed away, and are replaced by its later stages, whether in the individual or extended through a series of generations, the time has gone by when science might direct intervention. If a nerve cell is once destroyed, the damage is irreparable. A nerve cell is ordained with its functions but once during life, and is never replaced by a new one. If one or two generations has damaged its nervous system, and the germ plasm at the same time, and have entailed a heavy mortgaged cerebral estate upon its successors, the time for restituting the mechanism to provide for the lost energy of the nervous system has passed into oblivion. Hence the constant plea of the scientist to those who have jurisdiction over the insane to seize it in its beginnings, where it is less of a burden to the State, and

The Pathological Institute

more amendable to recovery, than in the final chapters of its life history; hence the anxiety of the scientific student of the insane to apprehend the time when public opinion may at least put forth some tentative efforts in the direction of *preventive medicine in insanity*.

As for the relation of the State to the scientific investigation of insanity, it would be repetition to go into detail. If the State has found that the insane ought to be considered as its wards, certainly nothing should be left undone, now that their material welfare has approached its maximum limit, to bestow upon them further benefits in the direction of rational medical treatment and *preventive medical measures* as dictated by the coming advances in the new and comprehensive epoch of scientific investigation.

If a final word as to the practical utility and economic value of scientific investigation of the insane in this State be needed, I can only insist that no progress in the treatment of the insane, either in the past or in the future, is possible without the guidance of scientific investigation. The State has everything to gain by distributing such a small fraction as the one hundred and thirtieth part of its total expenses for the care of the insane, in the maintenance of such a scientific center as the Pathological Institute of the New York State Hospitals, for investigating the sources, causes and laws of mental diseases.

Even the important *practical question* of the expenditure of the minimum amount of State aid compatible with an efficient care and treatment, and its equitable distribution among the different classes of the insane, formulated by Governor Black in his last message cannot possibly be solved without the help of science. It is in fact the ultimate *practical aim* of the science of insanity to establish this minimum of expenditure with a maximum of *beneficent results*.

The Pathological Institute

SECTION 2

THE INADEQUACY OF THE PRESENT METHODS OF
INVESTIGATING MENTAL DISEASES

Turning now to the organization of research work in insanity, we must emphatically point out the fact that scientific work along the old routine lines of one-sided investigation of insanity, would be nothing but a snare and a delusion; it would be a loss of time and labor, and certainly not worth the money spent on such work. It would be an utter failure, barren of actual scientific results.

The one-sided scientific investigation of insanity by the microscope alone is not liable to yield the practical results which a comprehensive study of the life history of insanity is naturally bound to bring about. It is equally safe to say that a restricted provision for scientific work on insanity, along the beaten track, followed for the last ten or twenty years, would, in a very short time, become defunct.

The general impression seems to be not only among the laity, but in the medical profession at large, and even in that branch of it which deals with the insane, that all that is necessary for the scientific investigation in unravelling the story of the life history of mental diseases, is to procure microscopes, certain complicated machinery for cutting thin slices of the brains of the insane, an assemblage of aniline dyes to stain these slices, and a goodly assortment of various sized bottles and jars to preserve the brains in, after the wearisome and pathetic life of their possessors has passed away. This is a sadly mistaken notion of the way of investigating insanity. It has been done over and over again in the past twenty years, at the hospitals for the insane, and the results to psychiatry were practically *nil*. Psychiatry outdoes any other field of medicine for meagreness of facts and scientific theories; it even lacks speculations and hypotheses, the fertilizing germs of scientific progress.

If this restricted plan were the right way to investigate insanity, it would be comparatively easy to write the stereotyped re-

The Pathological Institute

port of the microscopes, machinery and glassware bought, interspersed with prophesies as to what was going to be done with these things in clearing up the mystery of mental diseases. A list of autopsies by the hundred might also be added presenting the conventional statistical arrangement as to age, race, sex, mania, melancholia paretis and dementia, and the tabulation of the spots of softening, atrophy of convolutions, thickening of membranes, blood vessels, etc., or other gross signs of wreckage of the brain.

The struggle against the pressure of bringing forth scientific results before the laboratory was barely planned would be far easier. For things might be written, although not adding any positive scientific value to this department of research, would consume a certain amount of type in quasi scientific text. Such text, while having, really, comparatively little to do with any intent to explain the psychic manifestations of insanity, would, nevertheless, have a convincing *pretentio falsi* of having the title of some topic bearing on mental maladies.

Were this the way of investigating scientific problems of insanity, we should neither have to make almost daily explanations to the visitors of the Institute, in answers to their surprise of not finding such an institution centered in one of the hospitals for the insane, confined to the direct study of the objects of its research—the brains of the insane—nor should we be taken to task for studying many things, whose connection with insanity does not seem clear to our visitors. For the impression that scientific investigation of mental diseases is shooting wide of the mark and not attaining its object unless confined to the study of the insane themselves and their brains, seems deeply rooted in the minds of not only the laity, but also of the self-contented routine-working unreflective pathologists and psychiatrists. It makes at first, one blush, then uneasy, and finally simply bored when one has to reiterate to our visitors and to many a would-be scientific specialist, the same obvious elementary reply to the puerile question: "What has this to do with insanity?" when one man is

The Pathological Institute

observed at a desk, patiently studying the workings of the nervous system of the cockroach; and another is seen experimenting upon a perfectly sane individual and producing artificially some interesting departure from the normal operations of the mind, or a third investigator is inducing artificially, a poison into the nervous system by an experiment on one of the lower animals; or a fourth investigator is watching the effects upon the nervous system of some ordinary disease of every-day occurrence, like typhoid fever, dropsy, or pneumonia. The time has not come, nor will it ever arrive, when any one can expect to understand normal or abnormal operations of the mind, by simply gazing through the microscope at the brains of the insane.

Fortunately this conception has not been allowed to govern the planning of the scientific centre for the insane in the State of New York. The guardians of the State System of Lunacy have foreseen the advances that may be made by properly conducted scientific investigations of the insane, and have sanctioned my plan of departing from the beaten track. There is but one way ever to expect success in the scientific study of the insane, and that is to conduct such investigations from a comprehensive and many-sided standpoint. This is perhaps more necessary for insanity than for any other subject that science deals with. What we want is an intelligent methodical study of facts, phenomena, inductively collected observations and experiments, aided by the cautious but indispensable use of theory and hypothesis.

Scientific investigation of mental diseases must be unshackled from the narrow circumscribed conceptions which have so long governed it. Psychiatry must be freed from the confines of the asylum walls. The research must be broadened out and brought to bear on a great many problems which cannot be found within the asylum. The investigation must be brought forth into the outside world, and be applied to the great and varied number of phenomena which lead up to an understanding of the sources and nature of insanity.

The difficulty with the investigation of insanity in the asylum, is this: Insanity does not develop within the hospitals, because

The Pathological Institute

the patients are brought there after the symptoms have developed and often advanced far along on the highway of mental derangement. As a rule the patient is not brought to the asylum unless his mental malady has become so well established that he has become mentally irresponsible.

Now on the face of the matter, it is hardly sensible to expect that we can get an insight into the deepest problem of science—the mechanism of mind; its variation, its operation, its growth and decay, its normal and abnormal manifestations—unless we have the opportunity of studying such operations in their very birth. Moreover, the beginnings of insanity are so subtle and insidious, that it has always been a problem of almost insuperable difficulty to determine the border line between the normal and abnormal manifestations of the mind. This most profound problem of science can hardly be expected to be approached where, in nine cases out of ten, it presents the most complicated phenomena.

However paradoxical it may seem, the direct and exclusive study of the manifestations of the insane in connection with some one single method as studying the microscopy of the brain in the asylum is the poorest way of attempting to attain any real scientific benefit. Such study is always prone to become exceedingly narrow, and forget the enormous comprehensiveness of the great and diversified standpoint of the various factors in the source of mental diseases. Let me illustrate the point by a single example: Suppose a man, born of three or four generations of alcoholic ancestors, with a hereditary deficiency of the capacity for elaborating the energy of the nervous system, after hovering on the border land of insanity for a long time, is finally brought to the hospital. This man attempts to go through the wear and tear of life with a minus sign set down against the energy of his nervous system, by the abuses and profligacies of his ancestors, and tries to make good that deficient energy, by artificial means. He drinks alcohol or uses other stimulants to supply this lack of energy. This is the meaning of the "craving for stimu-

The Pathological Institute

lants" in very many men. He increases the mortgage on his nervous system, a mortgage started by his ancestors, and the penalty is ultimate bankruptcy of the capacity of the working power of his brain. After spending months and years in the hospital for the insane, in a futile attempt to restitute a mis-spent energy of his nervous system, or eking out what unbalanced energy remains there yet, he finally dies, and often enough, by some intercurrent disease. It is perhaps unnecessary to go into details to show how futile it is to trace the scientific life story of the patient's cerebral events with their parallel psychic manifestations, when we are given only the last paragraphs of the final chapter to work out the narrative. The task is simply impossible, as much so as it would be for a man to go blindfolded through the first nineteen miles of a twenty-mile pathway, full of detours and devious turns, and then attempt to recount its topography and windings by going through the last mile without the blind. Yet just such work is being attempted all the time, and small good does it accomplish, in adding to the store of real knowledge, of the why and wherefore of insanity.

It is perfectly true, in the case just cited that with the microscope, a number of alterations may be found in the brain structure. They have been set down with much precision, according to the development of the methods of microscopic investigation, at the time of record. The literature of insanity contains plenty of descriptions of alterations in the brain, in old inveterate cases of insanity, where mental disease has converted the splendid edifice of the mind into a mass of ruins. Could any one only reconstruct an ancient castle, and recount the doings therein throughout the centuries of its existence, by the mere beholding of its ruins? When now the question comes up, as to what these changes mean, and the vital query, as to the significance of these alterations indicative of wreckage of the brain, then the same literature and the same observers remain silent. When it comes to the essence of the whole problem, the *meaning* of the changes that are seen under

The Pathological Institute

the microscope, no one seems to give them their full interpretation, nor does any one seem to say explicitly what the causes of these changes are, their progression, their course, in short their whole sequence, beginnings and life histories. We fail to get any information about these points, but these are just the very things which we wish to know. The most that such observations can point out, is that the brain has gone to rack and ruin, and this any one with sound sense might well enough infer without taking time and trouble to pore into the microscope.

The tremors and unsteadiness of the muscles, the unfaithful conveyance of messages from the outside world, into such a man's disordered brain, the insurgent gamut of his passions, the brutal and unbridled fury of his loosened sub-consciousness, and finally, the imbecile babblings, indicative of the severance of the connections descended to the lowermost parts of the brain, all proclaim this to the most casual observer, without the use of high power lenses.

I dwelt upon this case, because in the minds of many this is the kind of material, and the aspect of the problem that is to be given to the scientist, to unravel some of the mysteries of insanity. In other words the selections are to be made in the asylum, as to the mode and manner of carrying on the scientific work. The discrimination and choice of the problems and the study by the microscope has, as a general rule, been hitherto directed by those who are in daily touch with the insane. This at first glance, seems quite natural. The asylum physicians are to tell the scientist what to do, and how he shall work, how to use his materials and problems. This would seem a delightfully simple solution of the whole question—to have the scientist work under the direction of the physicians who are in practical touch with the insane, and the scientist to bear the brunt of criticism.

This, unfortunately, is the plan, I believe, which still prevails as a general rule in laboratory investigation of insanity. Asylum physicians are to pick out cases here and there, preserve the brains of the dead, if they think best; send them to the scien-

The Pathological Institute

tific centre and have the material "worked up for publication and contribution to science." Such a plan as this is largely lacking in common sense. The mere citation of the difficulties of investigating such cases as just mentioned ought to show, that as a general rule, a plan of this nature would not be productive of valuable scientific results.

If the scientist is to be under the direction and control of the asylum physicians, is compelled to shape his investigation of the problems befitting their conception, and is to be restricted to investigation of such autopsy material as they may see fit to choose, his energy is liable to be greatly crippled. It is easy to ask for results or plan out work for another, especially when we are unacquainted with the enormous details and complications of methods for investigation that such work requires.

One of the drawbacks and positive obstacles in bringing a scientific institution for investigation of the insane in working order, is to be trammelled by the misguided enthusiasm of having cases and material, which are quite useless for research work, thrust upon the investigator. Another difficulty is to have the fact realized that nine cases out of ten, and that ninety brains out of a hundred chosen at the asylum and sent to the central institute contain insuperable difficulties for investigation, and frequently contribute nothing to psychiatry. Furthermore, when such brains are sent to the scientist, the constantly changing intricacies of the problems of preservation are liable to be ignored; for these are to be learned by experience only, instead of following a stereotyped set of rules. The brains are generally spoiled by being improperly preserved; they are quite liable to have been treated by methods of preservation which render them unfit for the application of the latest and most modern methods of investigation. There is no one universal method of investigating the nervous system by the microscope which can be used as a matter of routine.

A difficulty very liable to be encountered in establishing laboratories or institutions for scientific investigation of the insane

The Pathological Institute

lies in the fact that internes and other members of the staff are rather generally expected to be able to start off *de novo* and plunge into the intricacies of scientific research in some particular direction usually with the microscope. To fulfill this expectation it is quite necessary to intimate, trite as it may seem, that merely because a given theme of research can be planned out by the director of the institute, it does not follow that the work can be accomplished unless given to a man of scientific training. If the scientific research is to be extended among the staffs of the hospitals, at least one or two men in the hospitals should be chosen with regard to their *previous scientific training* and not merely on the basis of their capacity to do clinical work. For this does not enable a man to do scientific work with the microscope or in other branches of research in insanity.

It is unfortunate for the progress of scientific investigation of insanity that psychiatric research work seems to be held so simple a matter that any one on the staff of the hospital with a "little training" may launch forth into the successful accomplishment of research work in the pathology or psychopathology of the nervous system. If men in the hospitals are to do scientific work they should have a *foundation laid for this work by good preliminary training* in their under graduate and medical (and post graduate medical) curriculums. In the former course *biological and psychological training* which gives a broad scope of reasoning over the facts in pathological anatomy psycho- and cytopathology is invaluable. If physicians in charge of hospitals for the insane desire the members of their staffs to join in with the operations of the scientific center they should choose among the men entering the hospitals one or more who have had special training in general pathological anatomy, combined with a knowledge of the normal histology of the nervous system. After these conditions are fulfilled among the members of the staffs of the hospitals, the scientific center may plan out specialized themes of research and give instruction with much profit in the various special methods of investigating the nervous system

The Pathological Institute

from the standpoint of psychopathology, cellular biology, pathological anatomy, physiological chemistry, etc. Without these prerequisites it is discouraging to attempt to extend scientific research among the members of the staffs in the hospitals.

With some general as well as specialized training among the members of the hospital staff, scientific work can be extended into the hospitals most profitably. But to ask the director of the laboratory and his colleagues to supply this foundation, to cast aside their own problems and give up their valuable time, the result of years of training, in teaching what should have been learned during the college curriculum, is to retard the development and progress of the laboratory, if not to bring its energies to a standstill, or dangerously near the verge of failure.

Within the past decade two methods have been discovered in the microscopic investigation of the nervous system which has been hailed with delight by the psychiatrist as these powerful methods (that of Nissl and Golgi) open up exceedingly valuable and searching avenues of investigation in the pathological anatomy of mental diseases. It is singular, however, that the impression should gain ground among many psychiatrists that all that is now necessary for the members of the hospital staffs to take advantage of this lately arrived and long delayed opportunity for advances in the difficult domain of mental pathology is to master the mere technical details of these methods preferably Nissl's. To master such method as Nissl's is a comparatively insignificant task, but to interpret the results gained by the use of the method is quite another matter. This involves a wide knowledge of cellular biology, general pathological anatomy and above all of the *organization* of the nervous system. It is to a certain extent mere mechanical work to array facts concerning changes in an individual cell or group of nerve cells in some instance of a mental malady brought to view by Nissl's or any other method. To attain the ideal aim of science however, we should reflect upon the meaning of these facts and above all endeavor to connect them with the changes in *function* of the

The Pathological Institute

particular cell or set of cells involved and to ascertain what part the diseased cells play in the general *organization* and *functional inter-relation of various parts* of the nervous system.

Facts are the building stones of science. Many of its devotees never rise above the mediocre position of carting the stones from the quarry and dumping them in conglomerate heaps; these are the scientists who use their methods in a routine fashion and gather their facts blindly and unintelligently. Another class of scientists are the architects who are able to erect the building materials into a coherent structure. Such men not only gather their facts but worry about their interpretation and the laws and hypotheses which govern and correlate the facts, until the satisfaction of finding some inter-relation of the facts is gained.

Learning the mere mechanical steps of method of investigation does not at all also confer a critical mind upon the student which will enable him to appreciate the facts gained by the method nor even when to apply the procedure or correlate it with other methods. In brief, to expect hospital men to accomplish scientific research in mental pathology with little or nothing more at their command than familiarity with one or more methods of technical investigation by the microscope gained by a few days or weeks of study in the laboratory is as sensible as to expect a student to understand a foreign language by drilling into his mind a few rules of syntax. Without general and fundamental knowledge of the subjects to which scientific methods of investigation are applied, the mastery of these methods places the scientific novice in much the same position as the patients afflicted with mind blindness, who see perfectly well with their eyes but are unable to recognize the things seen.

Without correlative scientific training the mastery of the mere mechanical steps of technical methods of investigation of the nervous system is a species of scientific mind blindness. The director of the scientific research and his colleagues should not be called upon to overcome scientific mind blindness in extending the work in the hospitals. This seriously interferes with the primal object of the whole scientific enterprise—namely research investigation into the laws, causes and life history of insanity—because

The Pathological Institute

of the time that has to be expended in correcting this malady. It should be corrected before the members of the staff enter the hospitals and not afterwards. It would be advisable that examinations of candidates for positions of internes and juniors should provide for the entrance or choice of men with the requisite preliminary scientific training to make feasible the extension of scientific work from the central laboratory into the hospitals.

If a scientist is to investigate the problems of insanity, he must be left absolutely free and untrammelled in the selection of such work which wide experience and years of patient work have taught him, are fit to investigate and promise results. He must not however isolate himself, but should be in constant touch with his colleague, the practical psychiatrist; advise and collaborate with him. But the scientific investigator should not be compelled to undertake several herculean tasks simultaneously, nor should he be asked to turn out the results of scientific work to order or to waste his valuable time in teaching members of the staffs in the hospital who cannot make it bear fruit.

This absolutely necessary statement of the truth, should not be taken as embodying the faintest echo toward anything derogatory to those who devote their whole lives in treating and ameliorating through clinical studies the welfare of the most difficult and trying subject in all medicine, the unfortunate and dependent insane. We ought, however, to acknowledge candidly, that few if any, may learn to accomplish the intricate duties of the treatment and welfare of the insane, and in addition master the details of other fields of scientific investigation of insanity by their own research, and keep abreast of the advances in all of the stupendous side issues, which such investigation to be successful must necessarily involve. Life is too short, it lies beyond any one man's capacity to master two or more provinces of science in these days of specialization.

There are a hundred different ways of investigating insanity. How is any one who is not familiar with these methods and working with them every day, to exercise the discrimination as

The Pathological Institute

to which shall be used to carry out a particular kind of inquiry?

The work of microscopic examination of the human nervous system at the present day, a single branch of inquiry in the scientific investigation of the insane, is a herculean task. In fact no one man working months even in a single case, can accomplish it. Such work has to be divided up among several investigators whose training in his own particular specialty embraces no short period, in order to avoid the pitfalls of error, which constantly beset the pathway of investigation. There is no royal road to science nor is there any single way of examining the brain. Several methods, each with all of its intricacies and variations in most cases have to be used simultaneously. When the brain is once taken out of the body, and put in one preserving fluid or another, to make it fit for the preparation of thin, almost diaphanous tiny slices, which are stained with various dyes, for microscopic study, we may induce plenty of artificial changes in this procedure which have no existence in the brain during life. All these things have to be taken into account and nothing but actual experience, learning from our failures and mistakes, will guard against the pitfalls of error.

Moreover when an insane patient dies of some intercurrent disease, such as pneumonia, fever, or some other secondary malady, having no primary relation to his insanity, the poison of the intercurrent disease leaves its tracings upon the nerve cells and interferes sadly with the determination of the pathological processes correlative with the symptoms of insanity. Such cases are at present, of little if any value, for scientific investigation. Some alterations of the brain have been superimposed upon the pre-existing ones correlative with the symptoms of insanity, and no one at least at the present time, can discriminate between the two sets of changes. But all this is not liable to be taken into account by those who in their eagerness and enthusiasm for more scientific light upon the mysteries of insanity are naturally prone to select cases like these for investigation.

Even if the brain were properly preserved; cut into sections; perfectly stained in a dozen different ways and weeks of study

The Pathological Institute

consumed in writing in the high school composition style; that the nucleus of the cell is "swollen," its body is "shrunk," "cloudy," "pigmented" or "unduly granular;" that its granules are "too fine" or too coarse, or that its tail (neur-axon) is "thickened" and full of "holes." What of it? What good does all this do if during the life of the patient there were no observations or experimentation upon the psycho motor manifestations beyond the description of such ambiguous descriptions as the "semi-delirious" "semi-stuporous" or "partially demented" condition of the patient? This is like reading a book by studying minutely through the microscope the shape, size and color of its letters without the attempt to penetrate into their combined meaning. The mere heaping up of facts without understanding them, as little constitutes the function of true science, as the conscientious counting of stars deserves the name of astronomy. Piles of ungeneralized and unclassified facts in science are often so much rubbish. Pathological anatomy especially is in need of interpretations of its masses of facts by the aid of biology, particularly cellular biology.

Cases at the hospital for the insane must be *critically selected* for study and experiment; their psychomotor manifestations closely studied by observation and experimental methods borrowed from the domain of psychology and psycho-pathology. Furthermore a progressive series must be found in which the definite phases of the psychomotor manifestations correspond to certain stages in the whole course of pathological process.

It is clear, then, that there are many drawbacks to the direct study of insanity in the loose and restricted way in which it is carried on at present. It is the largest problem in science, and it cannot be imprisoned within the asylum if we ever expect to find its solution; the present time bids fair to justify such an expectation, provided the study of the problem be properly and broadly undertaken. I am aware that it may sound sententious to speak in this way of the futility of the narrow-minded, restricted and hopeless method of attempting to study insanity directly within the asylum walls, but it is the wrong way of

The Pathological Institute

solving the problem. Ninety brains out of a hundred, the symptoms of which we are asked to explain by the microscope, are at present absolutely worthless for study. It is a waste of time. Whole chapters in the life history of the diseases that one of the possessors of these brains have been afflicted with, have passed by and gone into oblivion. Why is psychiatry in the rut in which we find it to-day?

Because frankly speaking, as intimated in the subsequent text devoted to psychology and psycho-pathology in the next section, psychiatry has no appropriate scientific methods to work with in studying its primal field of inquiry—the abnormal phenomena of consciousness. The only methods which psychiatry has are *clinical* methods. These are appropriate only for investigating the phenomena of the *lower parts of the nervous system* and *symptoms of the body* and are wholly incompetent to investigate the abnormal manifestations of the *higher parts* of the nervous system correlative with abnormal states of *mental* life. The investigation of the bodily symptoms in insanity are of the highest value because through the body we may attempt to correct disorders in the nutritive supply of the brain and restitute pathological expenditures of energy of the nerve cell, but in attempting to investigate *mental* symptoms psychiatry must give way to pathological psychology or psycho-pathology.

There is a right way and a wrong way of attempting to investigate the scientific life history of insanity. The wrong way is to restrict the whole study to insanity itself, and, long after all clues have disappeared from scrutiny, to the brains of these insane patients. The wrong way again is to study the brain as though it were apart from the rest of the body and subject to peculiar laws of its own, in the origin and course of disease processes. Investigators in psychiatry are liable to take but little heed of the advances and investigations in disease processes which take place in other parts of the body, such as the kidney or the lung, or even the humblest constituents of the body. Even there the process is complicated enough and we are still far from thoroughly understanding disease processes, in parts of the body

The Pathological Institute

immeasurably simpler and less complicated in their structure than the brain itself. But an understanding of pathological processes is in the more elementary parts of the body since the processes are essentially of the same nature as in the nervous system, would furnish a key to the understanding of the more complex and highly modified morbid processes in mental and nervous diseases.

It is not sensible to begin at the most complicated aspect of the problem and ignore the less complex and most vitally important insights into its nature, which might be gained from the study of some of the lower and even lowest animals, where the nervous system is far simpler and easier to understand. We must proceed from the simple to the complex.

The simpler aspects of the problems which, when patiently worked up and solved, may lead to the undertaking of more complex stages in the study of the investigation of the insane, lie again in the study of the normal individual; in the study of the architecture of the normal nervous system, of general diseases of the body; of the actions of poisons upon the brain; of the child's brain; of the evolution of the nervous system, both in the individual and the species; of the early stages of dissolution of the nervous system, for the nervous system undergoes dissolution in the reverse order of its evolution.

The most supremely organized parts of the nervous system, the last attainment in man's evolution, the most precious part of the brain, which it has taken eons of time to evolve, which gives man his discrimination, his powers of ratiocination, his self-control, are the most unstable parts of the make-up of the nervous system. These higher and last evolved parts of the brain go to pieces first, and with their dissolution appear the first beginnings of unsoundness of mind. It may be seen, then, how absolutely essential it is to have the complete story of the evolution of man's brain, both in the individual and in the species, and to find out how this nervous system has been progressively built up, one part added after another, corresponding with higher and higher functions.

The Pathological Institute

We may watch this in the development of species or in the child's brain. When the child comes into the world it has absolutely nothing to its credit in the functions of the nervous system, except the operation of that lower part of the nervous system which presides over the most fundamental functions absolutely necessary for the maintenance of organic life, such as respiration, circulation and a few reflexes. Little by little, higher and higher portions of the nervous system develop in its brain. Slowly and progressively the sense organs transmit desultory and uncorrelated messages of the physical aspect of things in the outside world. Still later the messages from the outside physical world are correlated and a low form of consciousness and recognition of things in the external world begins to dawn upon the child. Ultimately, by the use of the very highest parts of the brain which man possesses, the child learns to discriminate among these impressions and their correlations to the outside world, as to what is significant and as to what is insignificant, which latter he relegates to the lower form of consciousness or sub-consciousness. Still further along, as the child becomes older, by constant use and education of the supreme and highest part of the nervous system, he learns self-control and inhibition over the lower parts of the nervous system and higher and more complex forms of syntheses of consciousness.

These supreme centres of the nervous system, which exercise control and inhibition and a bridling of the lower parts of man's nervous system, which latter we share in common with the animal, and the last to ripen and mature in the education of our brains. The maintenance of this part of the nervous system requires constant vigilance and exercise all through life, and a great majority of people never completely learn to make these centres less unstable than they are bound to be from the laws of evolution. A whole life-time does not suffice for great multitudes of people to gain sufficient stability of these centres by constant exercise and training. The consequence is that by over-fatigue, deficient nourishment, or by poisoning of the nervous system, a progressive dissolution of the nervous system

The Pathological Institute

occurs in the reverse order of its evolution. The highest and most complexly organized, and naturally the most unstable portions become dissociated first as witnessed in neurasthenia. Then in a steady progression the dissolution descends to lower and lower parts of the nervous systems until in dementia and idiocy but little else than the most elementary systems of the brain presiding over vegetative and automatic functions are left intact. This is in brief the epitome of the life history of insanity.

If I were asked to give any one prominent reason why we have so little scientific knowledge of the life-history of insanity, I would say it is because of insufficiency of methods of investigation and its restriction, for instance, to the application of the microscope to the brains of the insane, gathered within the asylum walls, where the enormous advances and revolutionary methods in the anatomy and physiology of the nervous system, in psychology and psychopathology, in cellular biology, and in the study of disease processes in the body at large have received such tardy application.

The psychiatrist seems to think that in studying the scientific aspect of insanity, that in studying the brain they are dealing with something apart from the rest of the body, apart from every science except psychiatry, and need not be concerned with the detailed knowledge and methods which mark the enormous advances of the present day in normal and abnormal psychology or psychopathology, cellular biology, physiological chemistry, comparative neurology, etc., and also of the *knowledge of disease processes occurring in the body at large*.

There is a natural reason for this lagging of psychiatry, at this age, after other branches of medicine have advanced. The story of the progress of psychiatry is simply the story of the progress of any other science. Every science, no matter how far it may be advanced, has had its infancy. So it is with psychiatry, and it would be exceedingly presumptuous to take the science to task, so to speak, because it is in an early period of growth. We must remember that this is one of the youngest departments of all medical sciences. It is only twenty

The Pathological Institute

or thirty, or at the outside, fifty years since psychiatry was recognized. The popular understanding of insanity was exceedingly late in emerging from the ignorance, prejudices and cholasticism of the middle ages.

It must be borne in mind, too, that the material welfare of the insane, their recognition as wards of the State, the building of hospitals, medical care and treatment, had to be worked out empirically in their natural course, and that all these experiences had to be gained as a starting point for further progress in the scientific investigation of insanity.

Psychiatry has reached the limits of the methods used for the last twenty and thirty years. It has done all that it could in that direction. Future fields of investigation are perfectly barren, unless this science gathers new facts, and this it cannot do until it is taken out of its rut, is correlated with other affiliated paths of investigation in medicine, and makes use of methods which at present it does not possess.

It might seem as though it had been intimated here that microscopic investigation of the brains of the insane in the asylums was of no use. This is not the point. The protest is against *exclusively restricting* the investigation of insanity to such a province. This is emphatic and distinct. The investigation of the brains of the insane in certain selected cases at the asylum, under the guidance from the beginning to the end of some one who has made the methods of this field of investigation a life study, and who is also familiar with disease processes occurring *throughout the body at large*, is of the utmost value. The only protest has been against this constituting the whole and exclusive field of scientific investigation of the insane.

No such restricted investigation can hope to do much more than to set down a few desultory facts in the ultimate chapters of the life history of insanity, and even then with no explanation as to what these facts mean or how they have come about. As it is now, we are quite familiar with the gross alterations that go hand in hand with wreckage of the brain in old inveterate and terminal cases of insanity, but we know comparatively little

The Pathological Institute

of what these changes mean, and still less as to what relations they have in the production of the patient's symptoms, during life.

Even in a single branch of study of insanity, such as the investigation of the brain by the microscope, there are dozens of radically different methods of investigation, and each one of these many different methods, with all of its complicated details, has a specific and definite object to attain which no other method can give. It takes years of large experience with these methods of investigation to determine which one will subserve the best use, for one must plan ahead, from the very moment the brain is removed from the body, and apprehend, in a general way, the character of the disease-process which is at work to choose the particular method of exposing its traces upon the nervous system. Very frequently provisions have to be made for the simultaneous use of several methods of investigation of the nervous system of any one particular individual taken at the stage of the disease which bids fair to yield interpretable results. Hence, the great embarrassment which the scientist is constantly encountering in material sent to him for investigation, has been placed in some fluid which is utterly unfit for the particular line of investigation or presents some inappropriate phase of the pathological process.

In an institute for the scientific investigation of insanity, it is a bad plan to burden the scientist with autopsy material selected and preserved by any one who lacks the experience and training in the methods of microscopic study which alone gives discrimination as to which one of a great many methods is fit to use, and it is wrong to put the scientist to the impossible task of elucidating anything from such material. Yet, as a general rule, the rather elementary idea seems to have taken root that the operations of such a department are to be carried on by placing the scientists in its charge in the untenable position of investigating brains that are either unfit from the selection of the stage of the disease or impossible of investigation

The Pathological Institute

by reasons of unsuitable preservation. It is unreasonable to suppose that any one can gain knowledge of the material best adapted for profitable pathological study or the intricate technical methods of this investigation without making it a subject of detailed and specialized study.

With the exception of interpreting the results of study of abnormal changes in the brain with the microscope, the preservation of the brain and other organs of the body is the most important datum in the whole investigation. For if the first steps in the investigation, the details of preservation for microscopic study, be wrong or inefficient, the accomplishment of the subsequent steps of the research is out of the question. The scientist must have complete control of the scientific work and yet work hand in hand with the clinician.

The sections cut from the brain for microscopic study are but one ten thousandth of an inch thick, but the surface of the brain covers over one hundred square inches. So it would require the study of millions of these sections, which are generally but one-half the diameter of a penny, to make the microscopic examination of the brain in any given case of insanity at all complete. The human nervous system has such a large volume and is so extensively distributed over the whole body that much judgment must be exercised in choosing the particular regions upon which to concentrate the bulk of the microscopical study.

This will serve to show that it lies beyond the capacity of a single observer to make a complete examination of the brain. It requires a force of several men to divide up the work within limits that can be accomplished. No wonder, then, at the Institute, even in this single department of microscopic study of the brain, that the work has to be subdivided and the results correlated weeks or even months after being commenced. In fact, in addition to the herculean task of examining the abnormal brain one must constantly have at hand sections from the same regions in the normal brain to measure and compare the changes in the abnormal brain.

The Pathological Institute

As a contrast between the old and the new conceptions of investigating the scientific problems of insanity let us recur to the case mentioned above, where the futility was shown of investigating the last stages of insanity from hereditary and acquired alcoholism, in contributing anything to the real narrative of the life history of the disorganization of the nervous system in such an individual. Under new conceptions of study, and at our own Institute, the problem is being attacked from several standpoints. In the first place, we study the beginning effects of alcohol upon the nervous system, which is not accessible to investigations confined to the asylum. We study first the exaggerated effects of alcohol where it has acted as a fatal poison, for instance, in the brain of a case of fatal delirium tremens. The selection of such a case is not by any manner of means a simple matter. We have to select an individual dying of this disease in which we feel perfectly sure that the alcohol poison is not complicated with other diseases. We must find an individual whose nervous system has not begun to grow old. He must be an individual perfectly normal in all respects, so that we may be perfectly sure that what changes we find in the nervous system are due to the action of the alcohol and nothing else.

To obviate these difficulties, however, the problem becomes much simpler in the investigation of the direct action of alcohol on the nerve cells, by experimenting on animals. This is a much more satisfactory investigation in many respects than the study of the effect of alcohol on the human nervous system. For, in the animal, we can perfectly regulate the amount given, we can stop the experiment at any stage, either at the beginning, middle or the end, and study the brain cells at all stages during the action of the alcohol.

Thirdly, the effects of alcohol taken habitually in the human being are studied in the brain after death. Here we get an inkling of the premature senility which chronic alcoholism brings about in the brain. We witness the effect of a failure on the

The Pathological Institute

part of the myriads of tiny constituents of the nervous system — the nerve cells,—in their capacity to store energy, which they receive in the food supply from the blood vessels. Besides this, we investigate the exhibition of intoxication in an individual to whom the alcohol is given as an experiment. We give him memory tests, discrimination tests and in short devise means to measure and recount the interference with the working power of the highest powers of his nervous system. For alcohol, in accordance with the law that the highest and most precious portions of our brain are the last to become evolved and educated, are the most unstable, and are also the most ready to undergo dissolution in the presence of any noxious stimulants. Alcohol, accordingly, begins its dissolution of the nervous system at these very highest centres of self-control and discrimination. It progressively descends in the dissolution of the nervous system, down to its lowest centres, which preside over respiration and circulation, so that finally in profound intoxication the whole nervous system is in a deep sleeping state, with the exception of respiration and circulation of the blood. If the poison by alcohol proceeds too far, even these centers are suspended and death ensues. Thus it will be seen in this third line of study of alcoholic insanity, the whole broad domain of the evolution and reverse dissolution of the nervous system is involved, a field conjointly demanding the attention of both the psycho-pathologist and cerebral-anatomist.

The same problem is approached more especially in the brains derived from the habitual drunkard, from the standpoint of chemistry. We endeavor to bring the methods of chemistry to bear on the problem, to see what chemical changes occur in the nerve cell in its degeneration or premature aging from the habitual use of alcohol. Hand in hand with all of these investigations, are studies of the normal nervous system by the microscope, which must go on for ten, twenty or even fifty years of time, before we are perfectly sure of a standard of comparison to judge of abnormal changes in the brain. More than this, other investiga-

The Pathological Institute

tors are at work in our Institute seeking to peer into the workings of the nerve cell in some of the humblest living creatures. For the nervous systems of the lower animals are far simpler to understand and it is much more essential to arrive at some of the fundamental laws governing the workings of the nerve cell in some of the lowest creatures than to attempt to ascertain these truths of the most complicated form of the nervous system that can be found, namely that of man.

I can only touch in the most desultory fashion upon the great number of pathways that have to be pursued, and the great many side issues of the most profound scope, which have to be taken into consideration, in studying the *beginnings* of insanity; for this is the only way we can proceed to study the more complex and advanced stages in the hospitals for the insane. But this elementary sketch ought to show how many sided the problem of insanity becomes when taken out in the outside world beyond the scope of hospitals for the insane. Such an illustration ought to show how enormously the scientific investigation of the insane broadens out, even when we start at what is comparatively the simple end of the problem namely, the study of the beginnings of insanity.

This is the only way which the final story of insanity may be expected to be written; to begin at its origin and trace it along step by step as it progresses further and further. If I have succeeded in showing how enormously the study of the beginnings of insanity broadens out, how many avenues of scientific inquiry are absolutely imperative for the study of even the initial stages of insanity, no further plea for widening the scope of the investigation of insanity need be put forth.

Few realize that it takes years for an investigator of even the largest opportunities to collect material from the bodies of patients suffering with any particular form of disease, to correspond to all of the phases in the pathological process of that disease. People seldom die in the great majority of diseases, until the process underlying the disease is well established, far ad-

The Pathological Institute

vanced or has reached terminal, often destructive stages, so that we have no clue for tracing out the origin and course of such changes.

One of us, for instance, at the Institute, has had to wait twelve years before any clue could be obtained to the origin of certain peculiar destructive canals running up and down the spinal cord. Several years after finding the terminal result, the beginning of the disease was seen, in which state patients exceedingly seldom die. But the beginning and initial stage of the disease was so different from the terminal and destructive alterations that the relation between the two was not recognized, finally within the past year a patient has been accommodating enough to die in the middle stages of the disease, and now, finally piecing all these stages together, we are able to record the pathological process underlying a hitherto unrecognized disease of the spinal cord. So it is with disease processes in insanity. If the brain is examined at some particular stage in the course of the disease, this does not by any manner of means tell us the whole story, it is a mere episode in the life history of the disease, a portion of a single chapter, which perhaps forecasts the next, but tells us very little about the preceding chapters. We have to gather in these chapters as we have opportunities of finding them, beginning at the first, but certainly not at the last, and working backward, a decidedly wrong order in such an enormously complicated problem as relate to the pathology of mental and nervous diseases.

To sum up the practical obstacles liable to be met with in establishing centers of scientific investigation of insanity they may be presented as follows:

1. The scientific center must be given time to become equipped and organized and to plan out deliberately its general themes or work and apportion these researches among the members of its staff. This work from beginning to end must take precedence of everything else and should not be interrupted by —

2. Premature demands for the results of scientific work and for publications to be completed simultaneously with the organi-

The Pathological Institute

zation of the laboratory or demands at any time for scientific research to be made to order or completed hastily.

3. Devoting the energies of the members of the staff in instruction that is unprofitable or in cases where the whole fundamental training in general pathology, psycho-pathology and neurology is lacking. To supply this latter deficiency takes months and months of instruction to those who are selected from the hospital staffs to do laboratory work. That ought to be made one of the requirements of entering the hospital. Instruction should only be asked when it may be made profitable, in cases where a proper foundation has been laid previously.

If matters (2) and (3) be not held in the background pending the organization of the laboratory, or if all three of the subjects be attempted simultaneously it is quite certain that none of them can be done well not to speak of the danger of seriously retarding the growth of the laboratory or bringing its energies to a positive standstill.

Fortunately all these drawbacks have not been encountered in the inauguration of the Pathological Institute of the New York State hospitals. It has departed from precedent, and has been given the most cordial encouragement from its colleagues in the commission and at the hospitals, in insisting upon a broadening of the study of insanity from the modern standpoint of the correlation of many branches of science. Only through such encouragement have we been able to depart from the beaten track, and insist that the study of material within the asylums is not the whole essence of approaching the problem, and in fact constitutes but a relatively small part of the work. The scientific staff at this institute have not been hampered in the planning and direction of the scientific research work. Proper fields of inquiry are submitted to their judgment and trained discrimination. We have learned the value of the indirect study of insanity, of approaching it through a number of avenues, which, while not directly investigating the insane themselves, is infinitely more valuable at the present time.

The Pathological Institute

The Institute has the opportunity of studying the conditions which lead up to the beginnings of insanity and of observing people before they arrive at the asylum. It has been permitted to study the effects of general bodily disease upon the nervous system, and has been situated in the metropolitan centre of the State, where it might be in touch with the acute general hospitals in the investigation of the nervous system in the great mass of ordinary diseases of every day occurrence. Its energies are not wasted by being compelled to study material which some one has selected, who does not know how it should be studied or whether such study would yield results of scientific value.

The direction of the institute has been encouraged in planning for the study of the *evolution* and the *dissolution of the nervous system*.

Provisions have been made for the psycho-pathological investigation of the various dissociations and syntheses of consciousness in the abnormal individual as well as experimental induction of these phenomena of consciousness in the normal man and even in animals.

The plan has been followed out in collecting material, the investigation of which seems, at first glance, but slightly related to the elucidation of the life history of insanity, such as the brains of the lower and lowest creatures; autopsy material from *nervous diseases*, in contra-distinction to mental diseases; and also developing stages of animal life.

The paramount value of facilities for *animal experimentation* for the conjoint investigations of the physiological chemist and the psycho-pathologist of the action of *poisons* upon the nervous system has been recognized.

A very essential factor in the general plan of the work of the Institute is the necessity of providing for and stimulating research work in the study of the effects of somatic or general bodily disease upon the nervous system. To subserve this purpose the Institute has been brought in touch through two of its associates with several of the large general hospitals in New York

The Pathological Institute

city, and thus has the opportunity of studying autopsy material and investigations from a psycho-pathological standpoint, particularly the changes in the nervous system associated with the great mass of general body diseases.

Thus we have provided facilities for investigation of the damage wrought upon the nervous system by the great host of general body diseases. This method of study, it will be seen, cannot be undertaken in the hospital for the insane. It must be followed out in the material from ordinary general hospitals, and is most feasible in the large cities. The effects of the great mass of body diseases upon the nervous system are hardly at all known as yet, and most important are the results of future study in this field for the understanding of the changes in the brain going hand and hand with insanity.

The phenomena of insanity are manifold and the comprehension of it can only be grasped when viewed from many different standpoints—from the standpoints of many sciences. Such a co-operation of many sciences will bring forth practical returns.

Scientific investigation of the insane along such a plan as this is at present an imperative necessity. Regarding the question from the economic standpoint, I may also say that such investigation will surely yield returns in this direction. We are on the threshold of a new era in the study of the nervous system in both its normal and abnormal manifestations. The inauguration of this era requires the many-sided investigation of the phenomena of insanity. Different branches of science must be co-ordinated and focussed together as a search-light on the mysteries of mental disease. They must all work hand in hand. They must be linked together and correlated, otherwise the whole aim of the work is defeated; the investigation will become one-sided and restricted, and what few facts are gained will not be open to comprehensive interpretation or practical applications of economic value.

In accordance with the tenor of these prefatory remarks, the director has established several departments of scientific research at the Pathological Institute for the investigation of in-

The Pathological Institute

sanity, and each of these departments is presided over by an associate who has made a life-study of the subject under his charge.

It will now be in order to review these several departments, to observe how their investigations bear upon insanity, their relative and combined work is in solving some of the questions in mental maladies and practical results to be yielded. Such a review must be made exceedingly brief, and touch only on salient features.

These departments, which will be reviewed in section 3, under the title of the correlation of departments of research in the scientific investigation of insanity, are as follows:

- I. Psychology and Psycho-pathology.
- II. (A.) Normal and (B.) Comparative Histology of the Nervous System.
- III. Cellular Biology.
- IV. Pathological Anatomy, Bacteriology and Physiological Chemistry.
- V. (A.) Experimental Pathology and (B.) Haematology.
- VI. Anthropology.

SECTION 3**THE CORRELATION OF DEPARTMENTS OF RESEARCH
IN THE SCIENTIFIC INVESTIGATION OF INSANITY****I****DEPARTMENT OF PSYCHOLOGY AND PSYCHO-PATHOLOGY**

The crowning glory of psychology in these days is its emancipation from metaphysics. Psychology has become a science. It has finally shown that the phenomena of the human mind are not vague and mysterious, but that their understanding is to be gained by methods of investigation such as are pursued in elucidating the phenomena of the world of life and matter generally; by means of the same general methods of investiga-

The Pathological Institute

tions which we use in gaining knowledge of a distant star or a tiny organism. In gaining knowledge of the physical world, we make use of patiently observed phenomena, experiments and facts, and starting out with these we induce laws and hypotheses, governing the association of these facts. Modern psychology is proceeding in the same way with the phenomena of consciousness. It is hard at work at the laboratory table, gathering facts, using instruments of precision, conducting experiments, even assimilating similar work from kindred branches of sciences. In brief, modern psychology is one of observation and experimentation as against speculation on the nature of the soul. It is building a foundation of facts to rest the superstructure of its doctrines and generalizations and laws of phenomena of the mind. All this has been brought about practically by the development of the science in this century. Weber and Fechner introduced scientific and inductive methods into psychology. They founded the domain of psycho-physics. Fechner particularly invented new methods to study the intensity of sensations. He studied the laws governing the relations of the intensity of sensations to their stimuli. Helmholtz contributed much to psychology by his psycho-physiological studies on sensations. His magnificent intellect enabled him to apply the methods of not only one science, as physics, but to a whole group of sciences. For he was mathematician, anatomist, physiologist and a brilliant worker and technician with the microscope in unraveling the tangled fibres of the nervous system. Wundt introduced into psychology the most valuable of all methods in science, namely, the experimental method. The enormous amount of work which the followers of Wundt have brought out from the Psychological Institute at Leipsic, justly proclaim him as the great modern psychologist. In England, John Stuart Mill, Bain, Spencer, Ward, Sully and others; in Italy, Mosso and others, have contributed their share to psychology. The names of Professor James and Professor Münsterberg are not to be omitted in this hasty sketch of the evolution of psychology into an exact science.

The Pathological Institute

If the labors of general normal psychology have grown more scientific and practical, the work of psycho-pathology or abnormal psychology, embracing the psychological study of abnormal or pathological cases, has turned out to be of special importance not only from a theoretical standpoint in revealing the inner organization of mental life, but also from a purely practical standpoint, since it has furnished the key to the understanding and even the *treatment* of functional nervous and mental diseases. The results of psycho-pathology, some of which were obtained in our Institute, are brilliant in the extreme; they may be considered a treasure for medical science in general and for psychiatry in particular. No psychiatrist, no neurologist, can be efficient in his respective science without a knowledge of psycho-pathology. Functional neurosis that *pono asinorum* of the neurologist and psychiatrist, and of the medical profession in general, can only be intelligently studied and successfully treated through the medium of psycho-pathology. Psycho-pathology is the *sine qua non* of the science of insanity because insanity is a manifestation of more or less persistent pathological phenomena of consciousness and psycho-pathology alone possesses the methods of investigating these pathological phenomena.

The work of the French school is particularly important because of its remarkable contribution to the science of psycho-pathology. The French school with Ribot, Binet, and Janet at its head has been studying man's subconscious domain, a subject of the most profound importance, not only in that it touches at the heart of man's social attributes, but that the understanding of the nature of the subconscious is absolutely essential for any intelligent conception of the cause and course of mental maladies.

Finally the brilliant psychological and especially the psycho-pathological studies of Dr. Sidis, on *dissociations in consciousness, linked with the parallel physiological dissociation of different*

The Pathological Institute

realms of the brain, marks an important stage in the progress of psychology, and particularly psycho-pathology. In Dr. Sidis' researches and studies of psycho-pathological cases, parts of the brain were dissociated from each other and the parallel psychic manifestations could be studied by themselves. Such experimental and clinical investigations help one not only to understand, but also to treat the similar isolated and split-off fields of consciousness in different forms of nervous and mental diseases. Psycho-pathology helps to clear up hosts of difficulties that form almost insuperable stumbling blocks in neurology and psychiatry.

Psychiatry is especially indebted to psycho-pathology, because it is only through psycho-pathology that psychiatry has any hopes of becoming a science relevant to its subject matter, and have practical methods of treatment, based not on the rule of thumb, but on a solid scientific foundation. In fact we believe that psycho-pathology will ultimately replace the present would-be science of psychiatry. This sounds paradoxical, for psychiatry is generally considered to be the science of insanity. It claims the insane as its own. Unfortunately, psychiatry is a science in name only, it endeavors to be scientific, but fails in its attempt.

Psychiatry, in a certain sense, is an overgrowth of applying the methods of investigation of bodily diseases to those of the mind. Now it is absolutely hopeless to expect that methods applied to investigations of symptoms of somatic diseases are fit to apply to the investigation of mental maladies. These methods are absolutely incompetent, and even to a certain extent irrelevant.

The observation of the abnormal phenomena in insanity relates to two groups of manifestations—the *somatic* and the *mental*. The *somatic* or *abnormal phenomena of the body*, including the abnormal manifestations of the lower parts of the nervous system, such as paralysis and the coarser and more obtrusive abnormal symptoms of the sense organs may be observed by the

The Pathological Institute

clinical methods of investigation. But in the study of *abnormal mental phenomena*, the disturbances of the higher forms of consciousness, and the whole domain of psycho-motor phenomena concomitant with dissociations of the higher spheres of the brain (where the nerve cells reach their highest complexity of organization in communities, clusters and constellations) lie beyond the scope of clinical methods of observation, and fall within the province of *pathological psychology* or *psycho-pathology*.

It should be more universally realized that there is a sharp dividing line between the efficacy of *clinical* and *psycho pathological* methods of investigation in the study of insanity. This is an important matter, and one about which we should have clear and definite ideas in order not to make the mistake of believing that mental phenomena may be competently observed by clinical or somatic methods of investigation.

Psychiatry obeying the natural laws governing the general progress of science, is still clinging to clinical methods of investigation, in attempting to explore a territory beyond their scope. No fault is to be found with psychiatry for this state of affairs. If any criticism were justifiable, it should be regarded unfortunate that the psychologist has been so backward in taking up the study of pathological psychic phenomena, or psycho-pathology, and paving the way for the psychiatrist.

In discussing advance work in the study of abnormal organic life in the hospital, let us relegate *clinical* methods of investigation to their proper province, and not attempt the impossibility of stretching them over into the domain of abnormal mental phenomena, which can only be efficiently investigated by the methods of *psycho-pathology*. This same distinction between *clinical* and *psycho-pathological methods of investigation* deserves reflection in the study of *nervous diseases*. Psychiatry ought to embrace both fields of research in the study of insanity, the mental as well as the somatic; namely, the investigation of the abnormal somatic phenomena and the pathological phenomena of the lower parts of the nervous system by clinical methods and the investigation

The Pathological Institute

of the pathological mental phenomena by the methods of psychopathology.* It would seem appropriate, however, at present, to pin psychiatry down to the former domain where it belongs, and assign the latter to its proper sphere, pathological psychology or psycho-pathology. It is questionable if the psycho-pathologist would concede that even the pathological manifestations of the lower parts of the nervous system (and the effects of disease of these lower portions upon the higher ones), especially in functional diseases can be properly and completely investigated by the clinical methods of neuro-pathology and psychiatry. For all parts of the nervous system are too intimately inter-related in an organic whole to expect that the normal or pathological manifestations of these lower parts of the nervous system may be thoroughly comprehended by being isolated from the rest of the system and studied by themselves; or that the phenomena of any part of the system may be fully explained without a comprehensive knowledge of the phenomena of all other parts, the highest, the lowest as well as the intermediate parts. Viewed in perspective the foreground of consciousness looms up beside the activity of the highest spheres of the brain composed of the superlative *constellations* of neurons while the vanishing point stretches away far down beside the activities of the lower and lowermost parts of the nervous system composed of mere elementary *chains* and *series* of nerve cells. Thus psycho-pathology dealing with the pathological manifestations of consciousness *comprises a study of the phenomena of the lower parts of the nervous system* as well as the higher portions and embraces especially the *inter-relation between the two sets of phenomena in functional diseases*.

In the natural evolution of medicine, symptoms of bodily disease were worked out and differentiated first, then, after a wearisome halt behind all other departments of medicine, insanity was finally recognized as the symptom of abnormal conditions

* These methods and their application to the investigation of pathological mental manifestations are described by Dr. Sidis in a contribution from the Department of Psychology and Psycho-pathology now in press for a coming number of the Archives of Neurology and Psycho-pathology.

The Pathological Institute

of the brain, and the methods of studying bodily symptoms were dragged over into the fields of mental symptoms. Psychiatry in this stage of its evolution soon reached its limit of efficiency and now is only drifting. It is flapping about in the doldrums, making no headway as a science, and, as a result, it is the most vague and incompetent of all departments of medicine. The other medical sciences have steadily progressed; new methods have been devised; new facts have been gained; new laws and relationships of these phenomena postulated. Hand in hand with this, the practical application of the discoveries reached a high degree of progress. What are the achievements of psychiatry? Like a squirrel in the wheel, it turns busily, but uselessly and hopelessly within the same old track without making any headway. Psychiatry is in the same position of fifty or sixty years ago. It neither makes observation, nor does it know how to experiment, nor can it reflect on the desultory facts it is recording. It neither receives any new material from the external world, nor is it able to give out anything original. Psychiatry is sterile and barren, and is desolately isolated from her sister sciences. Psychiatry has come to a standstill long ago, and has become petrified. It has shut itself up within the asylum walls, discouraged original work and thought and met deservedly with the fate of China and ancient Egypt. As a science psychiatry, at present, is dead, and a mummy may be its symbol.

Psychiatry is an art and poses as a science in that it is but only partially relevant to its subject. As an art it has done much. The simple recognition of the fact that insanity is a symptom of abnormal brain conditions, and the beating down of the ignorance of superstition which held the insane to be possessed of devils, accomplished an enormous amount of good, and resulted in an enlightened care of their material welfare in our present hospitals for the insane. But we ought not mistake these advances in the art of psychiatry and think that they are scientific advances. In its wider sense, the art of psychiatry attends to the welfare of the insane as a dependent and helpless class upon the community.

The Pathological Institute

The science of psychiatry deals with the whence and wherefore of mental diseases. The answer to these questions, however, psychiatry as a science, has utterly failed to accomplish. A very simple and most elementary stage in the science of psychiatry was the recognition of the general fact that insanity is the symptom of pathological brain processes. This recognition rescued the insane from social revenge; at a later period from social indifference, and finally stimulated the active interference on the part of society for their welfare and humane treatment in the modern hospital of to-day. If all this progress in the art of psychiatry has been born of such an elementary and embryonic stage in its evolution as a science, how much more are we to expect in the prevention and cure of insanity in the future progress of this science? For as a science psychiatry is yet unborn, and can be brought into the world only by the aid of psycho-pathology. We now realize clearly the fact that writings from the standpoint of psychiatry as an art, must not pass for scientific disquisitions.

The psychiatrist on account of the incompetency of his methods is driven into the art field of psychiatry under the delusion that he is doing scientific work. Many in the field of psychiatry unconsciously bear out the criticism that scientific methods of investigating the symptoms of mental disease are merely an overgrowth of the methods used for investigating symptoms of bodily disease, by writing fine descriptions of the bodily ailments of the insane. Fractures and dislocations of the insane, are written up at length; the formation of their teeth, their palates, their hair, the occurrence of various complicating body diseases in great variety, such for instance as a fever, erysipelas, etc., are published in detail because the present psychiatric methods of investigation are better adapted to this sort of observations than for the investigation of insanity itself. Others find an opportunity for writing on medico-legal matters relating to the insane. Still others find distraction in the elaboration of statistics; others again in the field of therapeutics. Therapeutics, it is true, based on empirical knowledge of drugs

The Pathological Institute

has the recommendation of much common sense, because the knowledge gained thereby is founded on experience; but experience without knowledge is blind. The administration of drugs, particularly in the insane must rest on a rational basis, and this rational basis cannot come until we have an understanding and scientific explanation of insanity. When that time comes we may give fewer drugs, and probably in less quantities.

The pointing out of the unscientific character of this kind of literature may be unwelcome or unpleasant to many who are in daily touch with the insane. But if larger, broader and more inviting fields of real scientific investigation are indicated, no fault ought to be found with this presentation of the status of psychiatry. This should be reserved for those who criticise the work of the psychiatrist unintelligently, and who offer no new pathways for the old ones. It must not be understood that this pseudo scientific psychiatric literature, substituted for scientific work now possible by the advance of science, has no value. It has its peculiar interest; the only trouble with this psychiatric literature is that its fields of investigation are burrowed out.

The investigation of the somatic phenomena of the insane is of the most vital importance not only theoretically but practically in their treatment, because from the body is derived the nourishment and the source of energy of the nervous system. It is, therefore, of the utmost consequence to understand the relation of disorders of the body to the interferences with the food supply of the nerve cells and the exhibition of toxic agents to these cells. The general somatic symptoms in insanity should be re-written and revised as often as there are new discoveries and new theories in the progress of the pathology of bodily symptoms. Moreover, the bodily symptoms in each case in the hospital as an individual, irrespective of its class grouping or particular form of insanity, should receive detailed investigation because of the primal importance of the relation of the body to the brain in that the former provides the food supply and the source of energy to the nerve cell.

We must be in possession of all the knowledge possible to gain about the bodily ailments of the insane and of those things

The Pathological Institute

that pertain to psychiatry as an art, but most of them are indicating a tendency towards stereotyping in the journal literature; and frankly speaking, gynecological matters, sprains, dislocations and fractures, the symptomatology of mere secondary complicating diseases of the body, such as fever, etc., are really rather round-about ways of getting at the scientific investigation of the explanation of the *mental symptoms in insanity*. Statistical work still leaves much to be done that is of the utmost value. Still all things considered, much of the literature of psychiatry, even at the present day, is far from being scientific.

As an example of the tangle in which psychiatry finds itself at present, one may point to the hydra-headed classifications of mental diseases with fifty-four varieties of mania, and an equal number of melancholia, given in a standard compendium. There must be something wrong with a science that finds itself in such straits. Psychiatry has no methods appropriate for the investigation of abnormal mental phenomena; what wonder that it is impotent and cannot progress. Psychiatry must broaden out. As a science, psychiatry is absolutely dependent upon psychology and psycho-pathology and their co-relative branches of science. Psychology and psycho-pathology have developed the real methods for gaining the facts, observing the phenomena and conducting the experiments that psychiatry needs. The great value, then of the department of psychology and psycho-pathology at the Institute is paramount in reviving the suspended animation of psychiatry.

It is equally unfortunate that both neurologists and psychiatrists have a tendency to view psychology as so much metaphysics, or to sum up the whole practical utility of psychology and psycho-pathology with the word hypnotism, as though the sum total of the immense value of its methods of investigation and practical lessons of their teachings are bound to be centred about the phenomena of hypnosis. If there is to be any ultimate, tangible and firm basis for the understanding of mental diseases, and a consequent rational treatment and classification of them, it is

The Pathological Institute

surely to come as a result of the use of the methods of psychology and psycho-pathology. Space forbids any more than an allusion to the great value of understanding the psychic phenomena of the normal individual by studying the disordered psychic phenomena in abnormal individuals. Scientific researches of normal, mental and nervous process seldom have their full value without the observation and experiment of pathological cases, themselves nature's experiments. In many forms of insanity, nature is performing experiments, more ingenious and valuable for study than the psychologist, restricted to the study of the phenomena of the normal consciousness, could ever devise. Normal psychology has much to learn and profit by in exploring the domain of pathological psychology.

In one instance, at least, under the direction of Kraepelin at Heidelberg, the results of studies in pathological psychology have been most satisfactory in clearing away some of the mystery surrounding the origin of mental diseases. The extensive experiments at this school on the subject of fatigue of the nervous system have already stimulated a more exact and broader view of the study of the symptoms of insanity. But even this school has failed to study mental diseases directly at their fountain-head; it is only through such a work that we can get an insight into the nature of mental aberrations. The Department of Psychology and Psycho-pathology at the Institute devotes its time mostly to the study of pathological cases.

It will not be inappropriate here to make a mere allusion to three prominent cases in which the Department of Psychology and Psycho-pathology has not only cleared up much of the explanation of the symptoms but worked out the laws of the disease, the methods of cure, and applied them successfully. Psycho-pathology yielded definite tangible results of the highest value.

The first case was from the Binghamton State hospital, and was studied in conjunction with Dr. William A. White. The case presented limitation of the field of vision, accompanied by occasional attacks of delirium and many other phenomena of men-

The Pathological Institute

tal dissociation. It was closely studied experimentally; very important phenomena were elicited and a general method for the investigation and cure of similar cases discovered.

The second case was sent to the Institute through the courtesy of Professor B. Sachs, of New York city. It was one of functional hemi-anaesthesia and ataxia complicated with organic disorders. Investigation controlled and eliminated the functional disorders, which were of long standing, and had previously resisted all attempts at improvement.

The third case, known under the name of "double consciousness," yielded theoretical and practical discoveries of the most brilliant nature to science in general and psychology in particular. From the investigation of this case were deduced laws guiding treatment for future cases, which, up to the time of these researches, were left to the care of Providence as lying beyond the ken of human knowledge.

All of these cases were quite beyond the use of drugs, and far beyond investigation by any of the methods which neurology and psychiatry make use of, and in both cases the treatment based on theoretical studies in psycho-pathology was crowned with complete success.

The Department of Psychology and Psycho-pathology also works in the lines of *cellular psycho-pathology, correlating the different psycho-motor manifestations with the varied affections of the neuron and fluctuations in neuron-energy*. This is an attempt, and the first of its kind, to bring into one comprehensive scheme and embrace in one formula *expressed in terms of the fluctuations in neuron-energy with the concomitant psycho-motor states* the infinite number of bewildering phenomena met with in nervous and mental diseases.* Along with it the laws and principles of inter-relation of the neurones are worked out; these, we hope, in due time may lead to the formation of some important laws for the scientific basis of pathology in general, and of pathology of the nervous system in particular.

* Vide "Fluctuations of Neuron Energy and their concomitant Psycho-motor states," Archives of Neurology and Psychopathology, April, 1893.

The Pathological Institute

This same department in connection with that of physiological chemistry is also undertaking work in comparative psycho-pathology. Diseases like catalepsy, paralysis, agitans or epilepsy, for instance, we are endeavoring to induce artificially in animals; the manifestations are closely studied and experimented upon, and are then correlated with nervous diseases in men that give like symptoms under the same conditions of experimentation.

Enough has been said to insist upon the maintenance of a Department of Psychology and Psycho-pathology at the scientific Institute of the New York State Hospitals, as the one the most closely affiliated with, and in fact of paramount importance in the study of insanity.

This department is provided with a reasonable outfit of instruments. It is provided with sphygmographs, cardiographs, pneumographs, chronographs, ergographs, reaction-timers, etc. Some of these instruments have been made to order; others bought in Europe have been much delayed by correspondence. In fact, the equipping of the Department of Psychology and Psycho-pathology takes an amount of time which seems unintelligible to those who might expect work to come forth from the Institute with all the haste that characterizes the completion of a business enterprise in this country. The apparatus of this department is as yet rather meagre, and it serves only its most fundamental requirements. In the course of time, other instruments will have to be added as the department and its work will grow and develop. It cannot develop all at once and spring forth into full activity, like Minerva from the head of Jupiter. It has been thought unwise, therefore, to add apparatus to the equipment of the department beyond what is absolutely indispensable for the carrying on of the work on hand. The same is to be said of every other department in this Institute. The department is under the charge of Boris Sidis, Ph. D. (Harvard).

2A

DEPARTMENT OF NORMAL HISTOLOGY OF THE
NERVOUS SYSTEM

The story of the evolution of our knowledge of the structure of the human nervous system is full of interest, if not fascination, but we can only touch upon it here in the baldest outline, sufficiently to appreciate its status at the present day.

The first and very meagre chapter containing any real insight into the marvels of the structure of the nervous system, begins with Descartes. The keenness of perception of this remarkable man enabled him, long before the microscope had been invented, to portray the structure of the nerve fibres, both in diagrams and in text. He considered them as minute tubules which conveyed the animal spirits from the brain to the muscles. If we substitute for the word animal spirits the modern phrase nervous impulse, Descartes in his idea of the nerve fibres was not so very far behind our conception of this structure at the present day.

After a lapse of some three hundred years, in the early part of this century the microscope demonstrated that the nerve fibre was not hollow, but contained a solid core, or axis. A little later in the early thirties, investigators discovered that the brain not only contained untold numbers of these nerve tubules with the solid core, but myriads and myriads of tiny lumps of protoplasm, the nerve cells.

At this day, workers in the field of the microscopical anatomy of the brain were utterly unable to solve the riddle of the relationship of the cells on the one hand and the tubules or fibres on the other. No one knew where the fibres came from, or where they ended, nor was any one able to make out the least connection of the fibres themselves. The whole nervous system was an inextricable snarl of an infinite number of fibres, and nerve cells, hopelessly tangled and mixed up together. It was therefore, impossible to obtain any idea as to how this greatest marvel of creation—the human brain—did its work. At this period, the microscope was in a crude condition, as compared with the

The Pathological Institute

powerful instrument of investigation of modern times. For to-day the construction of lenses has so advanced and their magnifying power is so great that a unit of measurement for the minute anatomist of to-day working with the microscope is only 1-25000 of an inch long.

In the early thirties the brain histologist or minute anatomist had to study his material in fresh condition. He had no methods of preservation; nor did he enjoy the advantages of being able to cut thin, diaphanous slices from the brain to view under the microscope. To-day we have the whole armamentarium of the chemist to preserve the brain in a hundred different ways, which gives as many variations of methods of study. We have apparatus for cutting thin sections of the nervous system, so delicately contrived that twenty thousand of these sections piled on top of each other would not be an inch high. Moreover, to-day one has at hand a hundred aniline dyes and other colors with which to stain these sections, color and pick out selectively elements of the nervous system in the sections under the microscope so as suit his particular purpose.

The whole record of progress in the structure of the brain invariably goes hand in hand with a similar record of improvements in the microscope and other apparatus and in technical methods of investigation.

During the forties and fifties, investigators began to shed some light on the obscurity of the structure of the nervous system by discovering one exceedingly important fact, namely that the cells and tubules or fibres were not independent of each other, but that the fibre was a prolongation of the cell, an outgrowth of its body. This at least cleared up the question as to the origin of the fibre, and physiologists derived comfort from this fact, in that they had a reasonable explanation of how, in a fundamental fashion, the nervous system operated. The nerve cell, so to speak, was the headquarters of nervous operations, and its enormously long outstretched arm in the form of a fibre, was a device to carry the impulse to some distant part. This important fact as to the

The Pathological Institute

connection of nerve fibre and nerve cell did not contribute as much toward advancing knowledge of the nervous system as might have been expected. The difficulty was that the connection of the two things was only witnessed in the very simplest parts of the nervous system, and not in its more complex and most highly developed parts, as in the superior spheres of the brain itself. Besides this, while these early investigators were sure that the nerve fibre came out of the nerve cell, they were still ignorant of the course, termination, destination of the fibre. They saw the origin of one end of the fibre only, the part which sprang from the cell.

Thus until fifteen or twenty years ago the structure of the nervous system was still a riddle and a puzzle. The whole nervous system was an inextricable maze of an entangled net-work and its unravelling seemed impossible. It was hopeless confusion to attempt to follow out the pathway of a single nervous impulse in this confused labyrinthic net-work. There was endless controversy, born of hypotheses which had an unstable foundation of facts. But within the past ten and fifteen years the obscurity that enshrouded the nervous system was replaced by a clear and definite insight, that is almost startling.

In 1873, a most distinguished Italian investigator discovered a method, which has revolutionized our whole knowledge of the structure of the nervous system, and has opened boundless fields of research in manifold directions. From the results of this method of investigation, we have a final solution of the structure of the nerve cell, the nerve fibre and their connections. Thus it appears to-day that the nerve cell is like a tiny octopus. Like this animal it has a body whereby it attends to the process of digestion and assimilation. In this body, a food supply from the blood vessels is elaborated into materials which enable the cell to do its work. Like the octopus, too, from one end of the body of the nerve cell spring out an enormous number of branching arms or tentacles; from another part of the cell body arises another arm, but different from the shorter arms or tentacles, in

The Pathological Institute

that it is of exceedingly great length, and passes away from the body to distances hundreds and thousands of times the diameter of the cell itself. This very long outstretched arm of the nerve cell-octopus,—the nerve fibre,—sometimes passes to the outer parts of the body, where it may receive messages from the eye or ear, or other sense organs; sometimes the long arm passes out to other parts of the nervous system, to transmit a particular impulse from one part of the nervous system to another. These nerve cell-octopuses are ranged together in series, groups, clusters, and communities of exceeding complexity, even up to the form of constellations. A given nerve cell-octopus passes its long outstretched arm so as to touch the tentacles or shorter arms of a second octopus. The second one, in turn, passes its long arm to the tentacles of the third and so on through an infinite set of combinations which have their highest complexity of arrangement in the highest spheres of our brain, which are the last parts to develop, both in the evolution of species as well as the individual, and which are ever unstable and prone to disintegrate by reason of this very process of retraction of the nerve cells. In the lower parts of the nervous system retraction and the corresponding dissociation of the functioning groups of nerve cells is less liable to occur under the influence of pathogenic agencies. For here the functions are phylo-genetically older and tend to approach more or less stereotyped nature, and since stability of organization of parts of the nervous system depends on the frequency of the impulses transmitted through the group of neurons the lower parts of the nervous system are more firmly united than are the highest spheres of the nervous system.

The most interesting feature of this latter-day conception of the make-up of the nervous system, is that the nerve cell, like the octopus, possesses power of movement over its shorter arms* or

* Future observations, I think, are liable to show that this view is not correct. From a study of the identity of differentiation which the general structure of the neuron undergoes in the neuraxone in the form of long parallel filaments incorporated with distinct microsomes with analogous modifications of the cyto-reticulum in other somatic cells (muscle cell ciliated cell, leucocyte, chromatophores, etc.) subservient to motility, my own observations incline me to believe that the axone is the retractile and expansive structure of the neuron rather than the dendrons or gemmules.

The Pathological Institute

tentacles. While the long arm of the nerve cell is probably fixed, its short arms like the tentacles of the octopus may be thrust in or out. Consider, for a moment, what happens when the nerve cell retracts its tentacles. The message can be no longer transmitted. The nerve cell has thrown itself out of the circuit of the long arms of its fellow-associates in a given group or community; they are no longer in contact with the retracted tentacle. But we should conceive that as a rule whole groups, communities, clusters and constellations of nerve cells functionally correlated retract *en masse* rather than individual cells. Cells cannot work as isolated individuals in the higher parts of the nervous system; they are invariably members of assemblages which have been physiologically linked together by education, use and function. There may be partial retraction (qualitative retraction) of the individual members of one functionally linked assemblage of neurons from another assemblage, but in the phenomenon of retraction we are to picture it occurring in a mass of nerve cells belonging to some particular assemblage and occurring more or less simultaneously.

A message can no longer be delivered and transmitted from one part of the nervous system to another, if a mass of these nerve cells break the circuit by retracting their arms. This is the secret of many a puzzle and mystery enveloping a very great mass of psycho-motor manifestations of the human nervous system. The object which the nerve cell apparently has in view in retracting its arms is to avoid overwork, and withdraw itself from hurtful stimuli. Retraction apparently of the arms of the nerve cell, is a signal of exhaustion. This retraction and expansion of the arm of the nerve cell, in groups, systems and communities of brain cells, drawing it in or out of the circuit of transmission of nervous impulse, is the final unveiling of the secret of a whole host of mental phenomena which hitherto have seemed mysterious to the last degree. These attributes of extension and expansion of the nerve cell cannot fail to attract even those with the most casual interest in the operations and development of the

The Pathological Institute

human mind, and holds one spell-bound in the vast flood of light shed upon the explanation of insanity. Mysterious cases, for instance, of individuals who sometimes from a blow upon the head or other causes, wake up and find their past lives a blank, and who virtually begin to live their lives over again as it were, in a new world, such as a case recounted in Dr. Sidis' book, upon the Psychology of Suggestion, may serve as a fair example. These cases of double-consciousness, so called, receive their only explanation in retraction and expansion of the tentacles of the nerve cell-octopus, *dissociating functioning associations of cells*.

The phenomena of hypnotism, hysteria, and of the whole great important groups of *psychopathic functional diseases* are to be explained in the same way. Some of the violent manifestations of insanity seem to be due to the retraction of the highest constellations of nerve cells that dominate and control the lower parts of our nervous system. The lower centers being unloosened from the control of the higher ones, give rise to the phenomena found in some forms of mania (psychopathic). Discrimination as to significant and insignificant stimuli is cast aside, so the maniac is prone to respond to any passing zephyr of stimulus with a storm of excitement. His subconsciousness lacks the normal control and is most prominently in the foreground.

The phenomenon of retraction of the neurons is also, I most firmly believe, the explanation of the cardinal symptoms of epilepsy in the manifestations of the fit. Here the retraction of the constellations and clusters in the higher parts (association centers of Flechsig), from a given stimulus is very sudden; the lower portions of the brain (sensory spheres of Flechsig particularly tacto-motor zone) being suddenly loosed and dissociated from the inhibition and control of the higher portions, the energy of the neurons of these lower portions of the cortex is suddenly liberated with the corresponding psycho-motor phenomena.

Every one is familiar with those forms of insanity in which the patient seems oblivious of his outside environment, shown in some forms of melancholia (psychopathic). There are again instances

The Pathological Institute

where the whole foreground of consciousness has been *partially* split off by a retraction of the nerve cells constituting the higher spheres of the brain. These spheres are asleep. A cleft lies between them and the rest of the nervous system, caused by this phenomena of retraction. Depending upon the qualitative degree of retraction between various assemblages of neurons in the brain some forms of psychopathic mania or melancholia might result. Thus we see that one part or another of the brain may be dissociated from the rest, and naturally the parallel manifestations of the mind are thrown out of gear.

This hasty sketch of the department devoted to the anatomy of the nervous system, perhaps, shows best of all a faint glimpse of the directions we are striving in to contribute something toward clearing up the explanation of insanity. These introductory paragraphs ought also to show how important this department is for the investigation of insanity.

I should not, however, be guilty of conveying the impression that merely because the anatomist has discovered these wonderful facts about the shape of the nerve cell and its connections or that some evidence from my own studies tends to prove the phenomena of retraction, that the phenomena of mental operations may be postulated therefrom. The most perfect knowledge, even down to the understanding of the very molecules of the nerve cell, would not help the anatomist or the chemist to postulate the laws and phenomena of *thought* and *consciousness*, for these are not *products* of nerve cell activity. The brain does not secrete thought, as the kidneys secrete urine; thought is not a material thing; it can neither be weighed or measured. A sensation of color, for instance, as experienced by the eye, has no material existence in the physical world. We can only speak of the phenomena of consciousness as running parallel or being concomitant with the workings and metabolism of the nerve cell, lest we drop into the pitfall of the materialistic basis of consciousness, which has been utterly abandoned long ago.

The Pathological Institute

To the psychologist belongs the study of the phenomena of consciousness parallel to the physics, physiology and anatomy of the nerve cells in the states of these associations and dissociations. The physical process of retraction and the changes in form which the nerve cell undergoes, causing these dissociations in consciousness fall within the sphere of the anatomist. The object of reverting back to the department of psychology and psycho-pathology is briefly to point out the incongruity of setting forth the claims of any of these departments of the institute investigating insanities as distinct, isolated methods of research. They must all be linked together and work hand in hand. A concrete example of this is the apportionment and yet linking together of the work in the departments of psychology and normal anatomy of the nervous system. The psychologist, for instance, studies the manifestations concomitant with the physical process of retraction of the tentacles of the nerve cell octopus. Working conjointly, the psychologist and the anatomist show, in an ideally scientific way, the stages of the *parallelism* of the physical process in the nerve cell and the corresponding psychic phenomena. Thus, while the knowledge of nerve cell anatomy and physiological mechanism does not postulate a knowledge of mental phenomena, the value of seeing the *parallelism* between the *material processes* and the *psychic phenomena* should be strongly insisted upon by the conjoint work in these two departments.

In the next section devoted to the status of the science of pathology, in investigating the nervous system, the same feature crops out again. In the abnormal anatomy of the nervous system as well as in the normal anatomy in the necessity for correlated work with psychological and psycho-pathological investigation is still more evident.

The anatomist, however, is not by any manner of means in a position to write the last words about the structure and architecture of the human nervous system. This goal will not be attained for many years to come. He has only been able thus

The Pathological Institute

far to straighten out the intricate structure and connections of the comparatively elementary chains and series of nerve cell octopuses in the lower and simpler parts of the nervous system. The unraveling of the connections and associations of nerve cells in the highest parts of the nervous system, where the cells are evolved in enormous complexity of connections in the form of constellations, hardly has been begun. By studying the developing infant, however, and patiently working at the brain of the growing child, we hope to attain in the future our best light upon this obscure domain of the anatomist.

Professor Flechsig has, however, after twenty years of work, formulated a plan of architecture of the brain which, it seems to me, is the key for a final solution of the intricacies of higher brain architecture. This plan was studied out in the brains of human embryos, children at birth and growing infants, and children where the different parts of the nervous system can be identified because they make their appearance in a progressive series from the simple, fundamental and phylogenetically oldest parts to the more complex, highly organized and most recently evolved portions.

In accordance with this plan of Flechsig, but a small portion of the brain cortex—only one-third—comes in contact with the outside world through the chains and series of nerve cell octopuses connecting the sense organs, while the great mass of the brain cortex—the remaining two-thirds—has no direct connection with the outer world, but connects and associates the scattered brain areas connected with the sense organs or muscles.

This division of the brain into these two parts—the smaller portion known as the sensory spheres and the larger the association centers—gives a wonderfully clear view into many forms of insanity if we take into account the concomitant psycho motor phenomena produced by different degrees of dissociation of these parts, but especially by dissociations occurring in the association centers themselves by retractions of communities, clusters and constellations of nerve cells.

The sensory spheres are scattered about in the surface grey

The Pathological Institute

matter of the brain. A patch at the hind end of the brain is the sensory sphere for vision, another corresponding to the sensory sphere for sound is situated near the apex of the temporal lobe. Similarly olfactory, gustatory and tacto-motor sensory spheres are located in other parts of the cortex. Between the sensory spheres are interpolated the association centers. The more fundamental portions of the association centers operate to render possible a simple order of recognition of the impressions received in the sensory spheres by associating them together. In the higher regions of the association centers a still more complex order of recognition of sensory and motor impressions is possible. Finally the constellations of nerve cells in the frontal lobes afford a basis for the highest forms of syntheses of consciousness. *This is the association center of association centers.*

It is in these association centers and in their connections with the sensory spheres that the phenomena of retraction of the nerve cell plays such an important part. One can well conceive the chaotic condition of ideas, or imperfect power of recognition, and a host of other abnormal mental phenomena, when retractions occurring in the groups, communities, clusters and complex constellations of nerve cells split off the association centers, from each other or from the sensory spheres, and *produce the corresponding dissociations in consciousness.* In the lower animals the association centers grow smaller and smaller, and finally, say for instance, in the lower mammals, the sensory spheres lie contiguous with hardly any vestige of the association centers between them.

For the study of insanity, the understanding of the structure of these higher spheres of the nervous system is of the most vital importance. It is the instability of these highest parts of the nervous system which is the essence of the whole question of insanity. Hence, when we consider this aspect of the value of the department of normal histology of the nervous system, we find that its offices are absolutely imperative.

With the exception of the discovery of the neuron theory, Sidis' conception of the dissociations of consciousness, the theory of neuron

The Pathological Institute

energy fluctuation, the theory of the retraction and expansion of the neurons and Flechsig's plan of the association centers and sensory spheres of the brain are the greatest discoveries which have ever been put forth in the history of our knowledge of the nervous system. The effect of the application of these four great hypotheses (for observations* at present in my own belief, at least, are increasing their validity) will indeed be revolutionary in the domain of mental and nervous disease.

But, although realizing the great necessity of establishing this department, I have not, in view of the considerable sum already expended in organizing and developing this institute, had the temerity to ask for further expenditure in obtaining a salary for the associate in this department until some tangible results in scientific work have been brought forth. I would now, however, *make claims for the necessity of this department*, so that within the future, perhaps the ensuing year, a recommendation for its establishment may seem reasonable and fit.

It is appropriate to intimate that the associate of this department should pursue his studies of the normal histology of the nervous system, only after a very thorough antecedent study of the minute anatomy of all other parts of the body.

The equipment of this department would not require any apparatus other than the institute already possesses, except for an instrument of special construction to cut very large sections of the entire brain, especially of infants and children in order to follow out the work of Flechsig on the association centers and to study anatomically the effects of lesions of these centers and pathological cases. This particular instrument and its accessories would not at the outside cost more than three to four hundred dollars.

*Apathy's theory of the concrecences of the neurons in the lowest parts of the nervous system is perfectly tenable. But we should remember that the stereotyped function existing through cons of time in these lowest parts of the nervous system presupposes a fixed relation of the neurons to each other. In the evolution of the higher centers however, such as the association centers and probably the sensory spheres, the individual neurons have become independent anatomically and the impulse is transmitted by physiological contact.

Retraction does not take place in the lowest parts of the nervous system, but must be postulated for the phenomena of the highest portions of the brain. Apathy's theory, in my judgment, should not create distrust in the neuron theory: his theory does not apply to the whole nervous system, but to its lowermost parts, such as pertain to the most automatic and vegetative functions. The homologue of the lowest parts of the human nervous system is found in the leech and other invertebrates that Apathy has studied.

2B

DEPARTMENT OF COMPARATIVE NEUROLOGY

The value of the comparative study of the nervous system in both health and disease, has already been hinted at in the argument for the practical value of the department of cellular biology in the scientific study of insanity. Man's nervous system is a recapitulation of the progression of development of the nervous system in animals. This recapitulation of the nervous system embracing its evolution throughout the whole animal kingdom is too complex to be understood without going back to the prologue in the history of the development in the lowest animals that possess nervous organs. Apparently the first nucleus of a nervous system is found in the fresh water hydra. This creature can expand and retract a portion of its substance by a very simple mechanism, which is the combination of both the nervous and muscular systems. This animal appreciates stimuli from the external environment by means of a most elementary sensory apparatus the foreshadow of the nervous system in higher animals, and reacts by means of a primitive muscular mechanism. These two sets of mechanisms are not differentiated as in the higher animals into two distinct organizations, but are so alike and undifferentiated that it is difficult to distinguish the one from the other. In a somewhat higher form of development, as in an ascidian, the motor and nervous systems have become differentiated. This creature has an outer tunic, an inner digestive coat and a muscular sac lying between the two. The nervous apparatus is exceedingly simple. It is merely a chain composed of very few nerve cells, one end of which touches the outside tunic, and the other end the muscular coat. When stimuli from the external environment are conveyed to the tunic, the creature, by means of this nervous system, transmits the impulses to the muscular bag, and responds by muscular movements to these stimuli. The very simple nervous system in this creature is the fundamental basis for the building up of the

The Pathological Institute

nervous system in the higher animals. This tiny arc of nerve cells passing between the muscle and the skin in the ascidian is the starting point which nature builds upon in evolving the wonderfully complex nervous apparatus in higher animals and in man himself. Roughly speaking, the difference between man's nervous system, and that of the ascidian is not in any essential distinction in the shape and constitution of the nerve cell, but in the fact that man possesses numerically millions and millions more, in infinitely complex adjustment, of these tiny nerve cell arcs found in the ascidian.

Passing upward in the scale of evolution from the ascidian, as more and more of these nerve cell arcs make their appearance, and are evolved into increasingly complex adjustment to each other, the animal gains more and more highly developed functions. In the lowest forms of animal life possessing the nervous system, the nerve cells are arranged in simple *chains or series*,* as the evolution of the animal grows more complex, the simple series make a greater variety of combinations with each other, so that they become gathered together into *groups*.* As the scale of evolution becomes still higher, groups of nerve cells make increasingly complex adjustments in the form of *clusters*.* In still higher forms of animal life, the adjustment of clusters of nerve cells become complicated into *communities*.* In man we find all the evolutionary series compounded into one complex whole. The elementary form of the nervous system in the lower animal represented in a simple *chain or series* of nerve cells, is present in the lower and more fundamental parts of his nervous system, such as the sympathetic. The more complex forms are built up into *groups, clusters, communities*, and ultimately in the highest parts of man's brain, the *communities* are gathered together in such a variety of combinations as to form an infinite number of highly complex *constellations*.*

In building up this plan of the nervous system from the lowest to the highest creatures, nature makes no sudden strides or leaps.

* See Sidis' "Psychology of Suggestion," chap. xxi.

The Pathological Institute

It is a steady progression of piling up the simple series of nerve cells, such as found in the ascidian, in increasing numbers and complexity of combination until we reach the form of constellations in the highest portion of man's brain. His intellectual attainments, his highest form of consciousness, his self-control and dominance of the lower parts of his nervous system run parallel with the activities of these constellations.

Comparative anatomy of the nervous system is invaluable as a method of going back through past ages, and of witnessing how man's nervous system has been built up from the simple to the complex. All the chapters in the history of brain evolution are to come from the researches of comparative neurology. We must not expect to comprehend the architecture and phenomena of man's nervous system by considering it as something apart from the nervous system of the creatures whence he is derived. Nature did not make man's nervous system by a special fiat, nor in evolving it, did she consider him to be any more or less than the final member of a continuous series in the progression of the evolution of life forms.

Man is to be looked upon as a creature of the past. For nature in the evolution of the nervous system has built man on the same fundamental plan with that of an ascidian. Man's nervous system is a magnificent organization, but in plan of structure it is the same in the ape, the dog or even the earth worm.

Comparative anatomy of the nervous system has often given us the most striking answers to complicated questions in man's brain. For instance, when certain animals leave their aquatic habitat and spend the rest of their existence leading a terrestrial life, special sense-organs become useless and disappear during the terrestrial life. The following out of the changes of the brain, incident to the loss of these sense-organs has thrown most important light upon some of the complicated questions of the nerves in man's brain. The enfeebled development of eyesight in the mole, and the deficient development of his portions of the brain concerned with its visual impressions have helped us in understanding the central mechanism of vision in man's brain. The

The Pathological Institute

enormous development of the sense of smell and of the parts of the brain devoted to the reception of olfactory impressions in the lower animals has been of much service in contributing to the knowledge of the structure of the parts of man's brain connected with his delicate but uncomprehensive sense of smell. In fact, in the study of man's brain, we are constantly driven back into the past when it was in a simpler form, in order to understand its mechanism and operations.

Comparative neurology is of value, not only in helping us to understand the architecture of the nervous system, *but it is also destined to be of great importance in imparting knowledge of the organization of the nerve cell as an individual, through the study of comparative cytology of the nerve cell.* An individual nerve cell, a single one of the myriads and myriads composing man's brain is a microcosm taken by itself. We are far from knowing aside from the problem of how nerve cells are connected with each other in the brain, how they work as individuals, how they live and die and pass through their whole life history. If we had the most perfect knowledge of all the combinations, adjustments and associations of the countless hosts of nerve cells in the brain, in short a perfect knowledge of the architecture, it would be of comparative little value in the study of insanity; unless we understood the *nerve cell as an individual.* No one could build a bridge, even with the most perfect and detailed working plans, without knowing the constitution of the building materials. So it is with the nervous system. We may know much as to its architecture, and in fact are actually daily gaining more and more of this kind of knowledge by a great variety of methods, but we know comparatively little of the working units of the nervous system, the nerve cells.

The internal constitution of the nerve cells is the most pressing question of the day in the study of insanity. The all-important question is how the nerve cell works as an individual, how it conducts nervous impulses, how it assimilates food, its mechanism of elaboration of energy from the

The Pathological Institute

crude food supply which the nerve cell obtains from the blood vessels. If there be one all-important question in the production of insanity, it relates to the *balance between food supply of the nerve cells and the work performed or withdrawal of nervous energy*. This is a practical question, because every one knows that if more energy is drawn off from the nerve cell than can be produced from its food supply, the result is bankruptcy of the nervous system. Any one may see this in his daily walks of life in the man who overworks and overfatigues his nervous system. We see this bankruptcy of the nervous system everywhere about us in the endeavor to cheat time in the pressure of hurry and haste in the activity of large cities. People expend more energy from their nervous system than they supply through food and rest. Yet such a vitally important question as to the details of the cycles of expended energy of the nerve cell, with relation to food supply is almost unknown. Here again we must have recourse to the aid of the comparative neurologist. We must ask him to tell us the internal structure and constitution of the nerve cells in the lower animals, because here the problem may be studied under its simplest condition. We ask him to make experiments, and to select some favorable animal to illustrate the changes of fatigue in the nerve cell, to tell us what happens when the nerve cell is deprived of its food supply, to recount to us the changes in the constitution of the nerve cell, when it is called to expend more energy than it receives in nourishment. Such questions as these are of the utmost importance. As a concrete illustration, I might mention an off-hand example in some work which we had undertaken some three years ago in the electric Torpedo to determine what happened in the nerve cell when overfatigued. Two torpedoes were placed side by side. One was irritated at regular intervals with a sharp instrument, until his electric shocks became less and less and finally disappeared. Thus the nerve cells in the brain governing the electric organ were completely tired out and could no longer work. Without giving these nerve cells time to recuperate, or to gain new energy by assimilating food

The Pathological Institute

from the blood vessels, the animal was killed and the cells compared under the microscope with those of the second torpedo which remained completely at rest. Thus we had side by side under the microscope, the overworked fatigued cells, and those in a perfectly normal resting condition, which had a full supply of energy. The problem was to determine not so much any outward changes in the form and shape of the cell, as its interior mechanism. Definite changes were found between the two sets of cells, changes that throw some light upon the all-important problem of how the nerve cell does its work, and carries on its life operations.

As a basis for future investigations of this department, biological material has been collected, more particularly marine forms. The Institute has enjoyed exceptional privileges through the good will of Dr. Albert Matthews, of the Department of Biology, at Columbia College, who made for us a collection of Mediterranean forms of marine life. Dr. Matthews interrupted his studies at Zurich, and personally attended to the collection of this material at the Bay of Naples, and the courtesies extended to him through Professor Eissig, of the Marine Biological Institute at Naples, place us under deep obligations to the latter also.

Through the courtesy of Professor Bashford Dean, of the Department of Biology of Columbia University, a similar collection with special reference to the nervous system was made at Puget Sound on the Pacific coast, during the expedition sent from the university in the summer season of 1896.

Mr. Albert Redenbaugh, of Amherst College, with the sanction of Professor Patten, director of the biological school of that college, furnished the Institute a very large collection of North Atlantic coast forms of marine life at Wood's Holl, Mass., in the summer of 1896. A similar collection restricted, however, to several forms of fishes, from the inland lakes of this country, is also upon the shelves of the Institute.

The guidance of this Department is under C. Judson Herrick, M. S. (Denison University, Ohio).

DEPARTMENT OF CELLULAR BIOLOGY

Cellular biology lies so remote in its field of study from the province of the asylum that one finds it difficult to persuade those who are in touch with the insane that this science forms one of the corner stones in a rational system of investigating insanity.

The science of the cell has accomplished marvels within the past few years, and from the days of Schleiden, Schwann, Purkinje Von Mohl and Müller there have been vast strides. Inasmuch as the whole body is a vast assemblage of these tiny cells, some working together in a community, as in the kidney, other communities in the liver, and still others in the brain, it ought to be easy to understand that the whole ultimate solution of the workings of the body, both in health and disease, resolves itself into a study of the changes of the individual cells themselves. Virchow, fifty years ago, forecast that the ultimate study of disease processes, particularly in their beginning and essences, must be devoted to the cells themselves. The student of cellular biology looks upon the cell as a microcosm in itself, and his investigations have been so searching as to actually solve, at least to a large degree, a part of the problem of the physical basis of heredity.

In studying the egg cell, just after it has started on its growth, to produce a new member of the species, the biologist has found that equivalent and equal amounts of a certain element of the cell are derived from both the father and mother. He has shown, furthermore, that these two equal and equivalent paternal and maternal elements are woven together, and by a most intricate process, distributed in equivalent amounts to every cell in the whole body. It is on this ground that Huxley says the entire organism may be compared to a web of which the warp is derived from the female, and the woof from the male. It is certainly wonderful to stand at last face to face with some intelligent and fact-supporting basis of the mechanism of heredity.

We can now have some glimpse of how immutable are the laws of heredity. This material—the germ plasm—transmitted

The Pathological Institute

in equal amounts from both parents to the new individual, will surely pass on damages incurred by the ancestors. If a man exposes his germ plasm to the poisonous influences of alcohol, or still worse, syphilis, such damage is not confined to his individual life only but passes on to the next generation. This damage plays a part in subtracting from the full development of the organism, especially in the most complicated tissue of the body, the nervous system. This subject of heredity is of most enormous importance in the study of insanity, but it were well that discussions of heredity in insanity might more generally rest upon the scientific basis of our present knowledge of the germ plasm.

Cellular biology has also another province which cannot be disregarded, for we cannot expect to understand the diseases of the nervous system, until we have a knowledge of the architecture and functional organization of this system in the normal individual. The most reliable method of gaining this knowledge is to watch the growth of the nervous system in the successive stages of development of the embryo. Here we are able to realize the functional value of different parts of the nervous system, by studying their various stages of growth as the embryo passes through its phases of development. First, the lowest and most fundamental parts of the nervous system appear, which have to do with the mere organic and vegetative functions of the body. Little by little the higher and more complex parts appear in their turn, so that we can trace, in the growth of the embryo, chapter by chapter, the whole story of evolution in a recapitulated form. The particular value of this method lies in the fact that we are enabled to determine, in a general way, the function of different parts of the nervous system, as they make their appearance in serial order in the embryo: the lower and fundamental parts always come first, the highest and most specialized in function last. The early stages of this study of the embryology of the nervous system, naturally fall within the province of cellular biology,

The Pathological Institute

for it is in the developing egg that this science has gained its most brilliant achievements.

The province of cellular biology in regard to touching on the province of insanity, is so intimately linked with the scope of pathological anatomy that it is difficult to dissociate the two sciences, and discuss them separately. Briefly stated, *pathological anatomy*, or the science which treats of disease-processes in the body, *can make further progress only on condition of using the science of the cell.*

The department of cellular biology in the modern centres for scientific investigation of the insane is absolutely indispensable. The whole study of changes wrought by disease-processes in the nervous system is absolutely dependent upon the principles and methods of cellular biology. Such a department is constantly consulted by the pathologist, and it is due to this department that he is able to interpret the changed condition of the brain in disease, which he views under the microscope.

Perhaps the strongest argument for the value of cytology or cellular biology in the study of the pathology of mental diseases can be realized when we perceive that Nissl's method itself is really an outgrowth and an application of the principles and exact methods of cellular biology to the nervous system. Without in the least detracting from the fame of its discoverer and the value of his great work, Nissl's method is to be considered more as an extension of the general cytological methods of cell study to the nervous system than as an innovation in a particularized technical method. If the application of Nissl's and similar methods to the nervous system be regarded in this light—as extensions of the methods of cellular biology and requiring a knowledge of the functional organization of the nervous system when these methods are used—they can be used broadly and intelligently in the investigation of the pathology of mental diseases, and are destined to accomplish startling advances within the next decade.

Nissl's method and its congeners should be viewed as methods of cyto-pathology which expose the morphology of the whole in-

The Pathological Institute

terior organization of the nerve cell in contradistinction to the crude and restrictive methods of the older pathological anatomy. These latter methods merely brought to light the external form and shape of the cells and gave an account only of the coarser and grosser morbid changes which were so far advanced as to be destructive, inducing obtrusive changes in the *external form* and *contour* of the cells. Nissl's and the cytological methods generally (for Nissl's method of staining is but one of many of these cytological methods), however, exposing the *internal organization* of the cells present a hitherto entirely hidden view of the whole *normal* and *pathological metabolism* of the nerve cell; that is, as far as the process can be comprehended from a morphological standpoint unaided by the conjoint application of physiological chemistry of the cell. It is herein that the Nissl type of method is so valuable for investigation of the diseases of the nervous system, for we are able to see the *beginning* stages of disease process in the *interior* of the nerve cell.

The whole life history of all forms of mental and nervous disease, except the last chapters, courses hand in hand with morbid changes in the internal organization of the nerve cell. When the morbid process has gone on so far as to induce defects in the external configuration of the nerve cell, it marks the closing scenes of its life. The nerve cell then passes over into the grave; for these changes are beyond reparation; its life history is closed, its cycles of metabolism have ceased; its delicate mechanism subservient to the expenditure and restitution of nervous energy is irrevocably damaged and no further expenditure of energy is possible, except that issuing from the organic dissolution of the cell manifested in non-nervous energy or energy liberated in the form of heat, or chemical reactions of organic destruction. How much, then, in the morphological basis of the life history of mental and nervous diseases has been ignored in the study of late destructive lesions of the nerve cell by the crude methods of pathological anatomy, and how much is to be learned through the services of cellular biology in donating to psychiatry and neuropathology the Nissl type of methods of investigation.

The Pathological Institute

Future advances on the whole province of the pathological anatomy of mental as well as nervous diseases depends upon the application of the principles and methods of cellular biology.

One exceedingly important topic also falls within the province of cellular biology, when linked with the investigation of medical sciences, and this is the study of disease processes artificially induced in the lower animals. The lower animals, even down among the invertebrates, offer us opportunities for elucidating wider and more fundamental truths concerning the cell microcosm than the higher animals, especially man.

Experiments in these lower animals made up of relatively small colonies of cells in a simpler and more elementary form, constitutes one of the most fruitful fields of inquiry as to the behavior of the cell in the environment of disease processes. In man, and even in the higher animals, when disease processes are experimentally induced, the conditions are much more complex, so much so as to hide frequently the fundamental changes of the reaction of the cell as an individual. Since man is simply an aggregation of cells, the same laws that govern the individual cell must also govern his organization.

The experimental induction of disease processes in the lowly and more elementary organism with a view to study the reaction of the cell in abnormal environment of pathogenic stimuli, under the simplest conditions, seems again at first glance, to be straying from our proper pathway the study of insanity. This, however, is not so. The nervous system is made up of myriads and myriads of these same kind of cells, marvelously organized into one organic whole. No other cell in the whole body can compare with the nerve cell for complexity of shape and internal organization. It is not sensible to attack the problem of cell-dissolution by selecting for study the most complicated cell in the whole body. It is plain that the proper way is to study first the course of disease processes in the simpler cells. Having learned this, we can forecast what ought to happen in the complicated differentiation of the ordinary type of somatic cell into a nerve cell, and

The Pathological Institute

be prepared to understand what the changes in the nerve cell mean when it comes in contact with abnormal stimuli inducing disease processes.

We may be sure of one thing, that the nerve cell was at one time much like any of the simpler cells of the body, and that all these complex structures in the nerve cells are not new creations or flats in its evolution from the simple cell, but are merely devices and modifications of the structures present in its simply organized ancestor. In other words, a cell of simple structure like the general type of somatic cell, in undergoing the phylogenetic evolution into the nerve cell, has not created new and specific elements, in order to accomplish the duties of a nerve cell, but has used its old and elementary structure and by differentiations and modifications made them fit to accomplish the offices of the nerve cell. In studying the cytopathology of the nerve cell one should hold in mind that, notwithstanding the marvellous adaptations of the cyto-reticulum and cyto-lymph of the nerve cell wrought by evolution out of these fundamental cytologic structures common to all cells, the nerve cell should not be considered apart from the other cells of the body. The neuron is not a specific cellular creation, it is after all a cell; its structures are homologous with other cells of humbler organization in the body, and obeys the same general basic laws governing normal and pathological metabolism like its humbler associates in the body cellular colony. The laws which govern pathological processes (and some day these, it is to be hoped, may be expressed in terms of cell energy) operate uniformly for all of the cells of the body. The laws make no special reservations or exceptions for the cells of the nervous system, even its most inperlaturly organized spheres. Disease is a single process, but as this process manifests itself in a great variety of phases corresponding with a Protean expression of symptoms often grouping themselves in a distinct type as a distinct malady. One is, therefore, liable to wrongly consider the phases of the single process as individual entities and distinct processes. Hence various kinds of inflammations and cellular degenerations



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PLATE I.—PATHOLOGICAL INSTITUTE—PRESIDENT WISE'S CHAMBERS. ROOM 1. SEE FLOOR PLAN. NEW YORK CITY (BRANCH) OFFICE OF THE STATE COMMISSION IN LUNACY AT THE PATHOLOGICAL INSTITUTE.



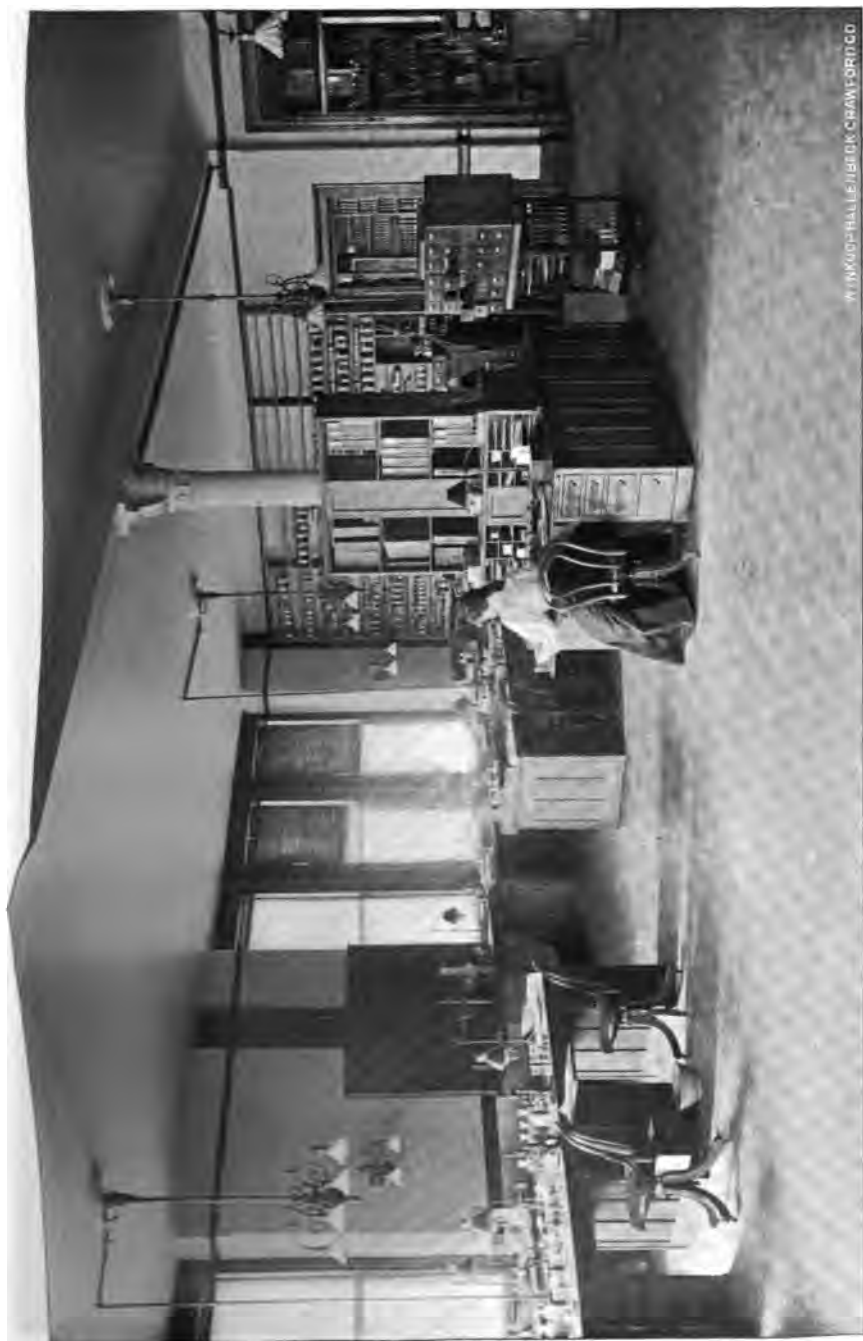
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PLATE III.—PATHOLOGICAL INSTITUTE—PRIVATE LABORATORY OF THE DIRECTOR. SEE FLOOR PLAN, ROOM III.





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PLATE V. BIOLOGICAL INSTITUTE. GENERAL LABORATORY OF THE DEPARTMENTS OF MICROSCOPICAL ANATOMY VIEWED FROM



PLATE VI.—PATHOLOGICAL INSTITUTE—GENERAL LABORATORY OF THE DEPARTMENTS OF MICROSCOPICAL ANATOMY. VIEWED FROM
DESE XI. SEE FLOOR PLAN, ROOM V.



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PLATE VII.—PATHOLOGICAL INSTITUTE—THE LIBRARY. SEE FLOOR PLAN, ROOM VI.

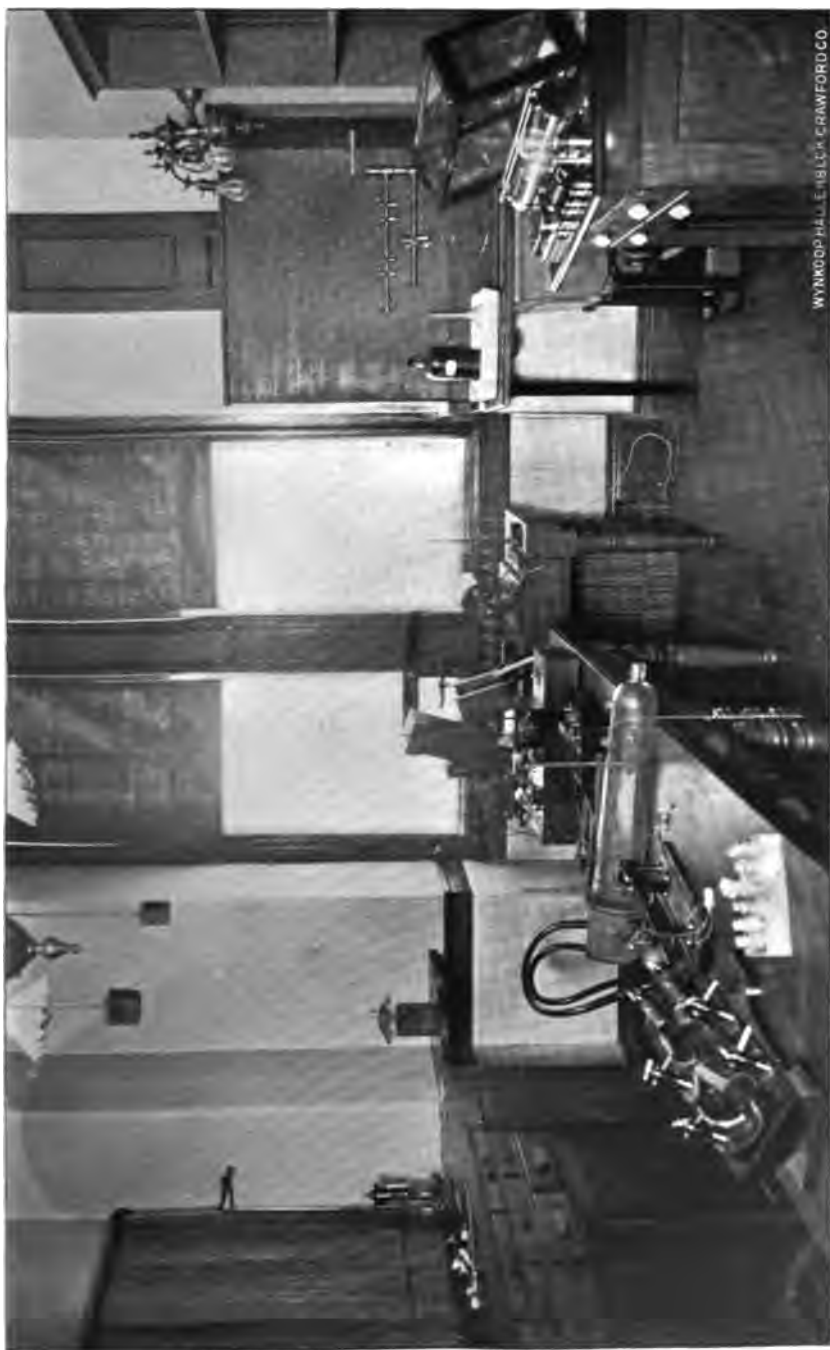


PLATE VIII.—PATHOLOGICAL INSTITUTE—DEPARTMENT OF PSYCHOLOGY AND PSYCHOPATHOLOGY. VIEWED FROM THE ENTRANCE. SEE FLOOR PLAN, ROOM VIII.





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PLATE IX.—PATHOLOGICAL INSTITUTE—DEPARTMENT OF ANTHROPOLOGY. SEE FLOOR PLAN, ROOM IX.



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PLATE IX.—PATHOLOGICAL INSTITUTE—DEPARTMENT OF ANTHROPOLOGY. SEE FLOOR PLAN, ROOM IX.

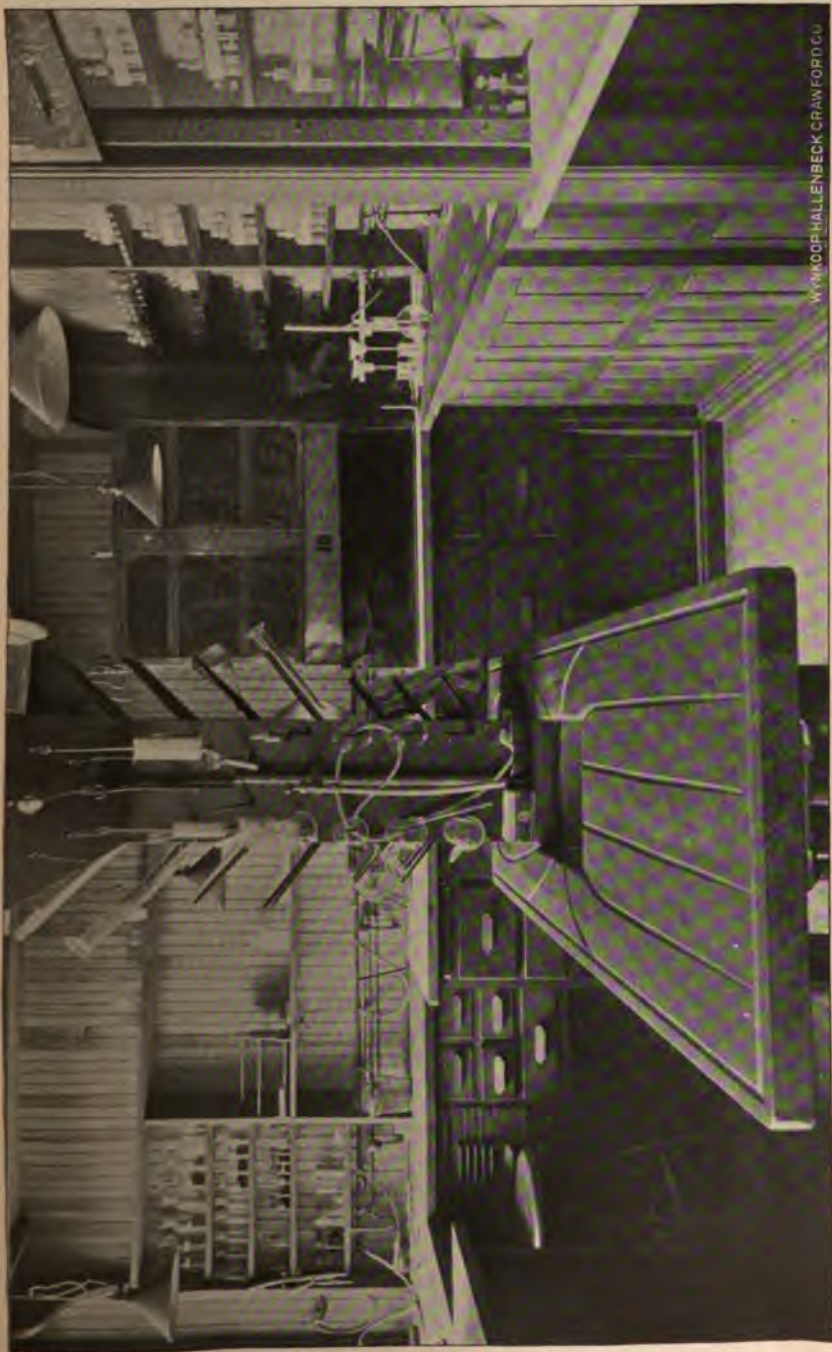


PLATE X.—PATHOLOGICAL INSTITUTE—PRESERVATION ROOM. VIEWED FROM TABLE A. SHOWING COPPER ALCOHOL TANK OVERHEAD, SINK, AND FACILITIES FOR WASHING SPECIMENS, ELECTRIC MOTOR AND PUMP FOR AIR BLAST AND VACUUM, DISSECTING TABLE (G) AND FIXING FLUIDS ABOVE. SEE FLOOR PLAN. ROOM XI.



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PLATE XI.—PATHOLOGICAL INSTITUTE—PRESERVATION ROOM. SEE FLOOR PLAN, ROOM XI.



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PLATE XII.— PATHOLOGICAL INSTITUTE—DEPARTMENT OF PHYSIOLOGICAL CHEMISTRY AND DEPARTMENT OF BACTERIOLOGY. VIEWED FROM ENTRANCE SHOWING BACTERIOLOGICAL WORK TABLES. SEE FLOOR PLAN, ROOM XII.



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PLATE XIII.—PATHOLOGICAL INSTITUTE—DEPARTMENT OF PHYSIOLOGICAL CHEMISTRY AND DEPARTMENT OF BACTERIOLOGY. SHOW-
ING HOOD AND CHEMISTS' WORK TABLES. SEE FLOOR PLAN, ROOM XII.

The Pathological Institute

and other pathological processes are spoken of as individualized processes, whereas these are merely phases of the same single process.

The more cellular biology is used in the study of pathological anatomy, the less tenable becomes the idea of individualizing specific morbid processes with specific diseases.

When, therefore, we are attempting to study the changes in the brain, we must never forget to summon to our aid cellular biology to help us understand the meaning of the pathological processes in the nerve cells.

We find it advisable to recommend that provisions should be made for the associate who has the responsibility of this department to visit marine biological laboratories during a part of the summer season at least. Unfortunately, we have in this country, as compared with Europe, but few of such laboratories. Few, however, as they are, they are to be considered as the home and fountain-heads of knowledge in cellular biology. In these marine laboratories are found the best opportunities for extending knowledge on the cell. Here is to be found a great variety of lowly organized, simply constructed marine organisms to study and experiment upon in the living condition. We have, therefore, provided that the associate in this department may spend a certain portion of the year at one of these marine biological laboratories in order that he may bring back to the institute new knowledge from the cell world, which we are absolutely dependent upon in the investigation of the normal and abnormal nervous system with the microscope.

Those who are studying the all-important problems of cell organization by confining their investigations to the cell under normal environment only, hardly take the broadest conceptions of this problem. *The normal cell can never be fully understood without studying the abnormal and diseased cell.* In exposing the cell to the environment of disease processes, nature is conducting an experiment a hundred-fold more ingenious than the student of normal cytology could ever devise. It will do no harm to

The Pathological Institute

repeat that in the sciences dealing with life phenomena the pathological method is the most fruitful.

Modern specialization among the branches of science is creating gaps and clefts which contain more important fields for investigation than the individual departments of science themselves. He who can bridge over the rifts between the border lines of several of these sciences will discover the richest domains of investigation and gather in a good harvest of scientific truths. Unfortunately, few can occupy two fields of science, and cover the gap between. A most unfortunate gap, for instance, lies between cellular biology and the pathological anatomy of the human body—cytopathology—a term but newly coined. I do not hesitate to say that the overlapping of cellular biology and pathological anatomy opens the richest of all domains for the future progress of medical science. If our endeavors to bridge over these two fields of science, so that they may work hand in hand, be made plain, I need say little more to defend the importance of cellular biology as one of the most powerful factors that contribute to successful organization centre for scientific investigation of the insane.

The department is under the charge of Arnold Graf, Ph. D. (University of Zürich).

The Pathological Institute

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DEPARTMENT OF PATHOLOGY, BACTERIOLOGY AND
PHYSIOLOGICAL CHEMISTRY

The departments of pathology, bacteriology and physiological chemistry are so intimately linked together in the investigation of insanity that they may be dealt with collectively.

Pathology, comprising the sum total of human scientific knowledge, concerning the origin, course and results of disease, had very simple beginnings. At first noxious and evil humors were supposed to gain access to the blood and to cause the departures from health. If we translate the term "humors" into the modern expression of toxic substances circulating in the blood, the "humors" of the older pathologists are not so far from the truth. But whence the humors arose and how they gained access to the blood was all guesswork and speculation, and "humoral" pathology was a mere makeshift to define an unknown something which circulated in the blood and caused the phenomena of disease. In later days those who were concerned in the investigation of disease processes observed with the naked eye what they could of the changes in the body after death from any given disease, and were able to see that many of the symptoms corresponded to gross, coarse and destructive changes in the various organs. As the microscope improved, and ideas of the cell as the elementary unit of the whole body became more definite and coherent, the pathologist studied these coarser and grosser changes in the organs under the microscope, but even here he saw results rather than beginnings of the processes. Professor Prudden quotes a line from Oliver Wendell Holmes, in which the work of the earlier pathologist is compared to an inspection of the fireworks on the morning after the show.

In those days, the practising physician was also the pathologist. He combined both functions. He observed disease in the living and sought to find out its havoc amid the body structures after death. His methods, however, were limited

The Pathological Institute

only to a study of the topography of the lesions of the disease, and *not to the pathological processes themselves constituting it.* In short, he saw results, but knew not whence and how they came. For the real solution of the origin of these processes lay hidden, not in the gross and terminal changes in great communities and masses of cells, but within the subtle recesses of the cells as individuals.

For many years the pathologist went along bewildered by the phenomena of inflammation. He was able to describe with much precision facts and observations, but he failed to understand their significance. Meanwhile cellular biology progressed with rapid strides and disclosed the marvels of the cell microcosm. The older pathologists were in somewhat of a Rip Van Winkle attitude pending this march of cellular biology, and awoke in the bewilderment of finding that all their work in the study of morbid processes stopped short at the origin of disease within the life of the cell as an individual. They neglected the beginning and saw only the end.

The advances in cellular biology are destined to give an enormous impetus to the future investigations of pathologists. What, perhaps, puzzled the pathologist the most before he had learned to peer into the cell microcosm for the solution of his problems, was the great number of important and serious diseases of every-day occurrence which seemed to leave no traces upon the body whatsoever. This was especially the case in many diseases of the nervous system. It was exceedingly perplexing, for instance, to understand how such a dramatic and dreaded attack of the nervous system as hydrophobia should leave no traces after death. The same might be said of epilepsy and many forms of insanity. These the pathologist set down as diseases "*sine materia*" or cast them into the makeshift category of "functional" or idiopathic diseases. To-day, however, we are in a more fortunate position to understand why no traces may be left in the body from such serious diseases as these. *The secret lies in changes in the very inmost recesses of the nerve cells themselves.*

The Pathological Institute

The older pathologist concerned himself but little with the cell as an individual. If its shape, form and contour were unchanged, it passed muster as being sound and normal, without regard to a whole world of changes which might be present in its internal organization. In scrutinizing the effects of disease in the interior of the cell, he looked at the outside of the cell, and not at its vital organization within, as one might attempt to understand the contents of a book by looking at its binding. Thus, naturally enough, the knowledge of a whole host of diseases, particularly of the nervous system, was passed over unnoticed.

It is different to-day. The pathologist has borrowed the searching methods of the modern cellular biologist, who looks into the inner constitution of the cell and beholds a world of changes in the cell in general, and in the nerve-cell in particular—changes which until now were entirely ignored. At the present time the pathologist in studying the diseases of the nervous system is actually peering into the mechanism of life operations going on in the laboratory of the cell. He is endeavoring to study the changes in the body of the nerve-cell—changes going hand in hand with its assimilation of food and elaboration of energy. He is able to study the changes which happen within the cell when its food supply is interrupted or interfered with. When the food supply of the nerve cell is by slight increments qualitatively or quantitatively diminished, or, on the other hand, the nerve cell expends more energy—in states of pathological fatigue—than can be recruited from the food supply in the blood plasma, the nerve casts off *dead material* which is removed by the lymphatics. The excretion of these particles—the *metaplasma granules**—is most important in presenting a physical basis and a measure of the slow destructive pathological metabolism of the nerve cell which is such a prominent factor in the genesis of very many mental and nervous diseases. When the nerve cell begins to excrete these particles it is an indication of

* Van Gieson: Toxic basis of Neural Diseases. State Hospital Bulletin; 1897.

The Pathological Institute

a lack of balance between the crude food supply of the cell from the blood vessels and the expenditure of energy. This *excretion of the nerve cell* is also the indication of senile degeneration and it is most interesting to view this indication of senility of the nerve cell advancing prematurely in a host of mental and nervous diseases where the expenditure of energy of the nerve cell has been of a pathological and persistent character.

The pathologist is now busily seeking the degenerations occurring in the interior of the ganglion cell when exposed to poisons, especially to those generated in the great mass of general body diseases. In the poisoning of the nervous system from general body disease, the pathologist is able to show changes within the interior of the nerve cell which account for the delirium in cases of typhoid fever, influenza, sunstroke, etc.

We are able in these days, thanks to the aid of cellular biology and its methods, to study the changes in the nerve cell wrought by fatigue, to watch the nerve cell grow old and perceive the signs that indicate the approach of its decadence and old age. It is particularly interesting to watch the *premature senility* and shortening of the life of the nerve cell by chronic *alcoholism* and *syphilis*.

Definite laws of the manifestation of energy of the nerve cell in both health and disease, the expenditure of energy of the diseased nerve cell, its restitution of energy in recovery from disease, with their concomitant psycho-motor manifestations formulated at the Pathological Institute, are helping to clear away the mystery of the modus operandi of a whole host of mental and nervous diseases.*

The rise of bacteriology is too familiar and of too recent occurrence to need any detailed account of its relation to pathological researches in the nervous system. Bacteriology in its great public practical services to sanitation, its application by boards of health in the prevention of infectious diseases, the almost miraculous practical outcome of bacteriological studies in the anti-toxine treatment of diphtheria, its great service in protecting and forewarning the healthy against disease, all these

* Vide Archives of Neurology and Pscho-pathology, April 1898.

The Pathological Institute

services of bacteriology ought to make it clear that the latter is one of the most important departments in medicine for contributing practical measures to the prevention of disease.

The department of bacteriology, it should be expressly understood, does not undertake to carry on researches in the whole domain of the biology of bacteria in general, but restricts its energies to useful ends in the study of insanity, namely, the identification of bacterial poisons, which are associated with nervous or mental diseases. This department purposes, however, to keep in constant touch with the broader aspect of bacteriology in general, as a science, and to keep cultures of many forms of bacteria for the purpose of determining experimentally, the action of their poisons upon the nervous system of animals.

When the pathologist beheld the action of these disease-producing bacteria, he at last began to approach the proximate explanation of many morbid processes, and perceived their origin. He now sees that these disease processes are nothing more nor less than chemical reactions between the forces of the body on the one hand and poisons upon the other. The process of disease should in the future be discussed in terms of fluctuations of *cell energy*. For it was soon learned that bacteria are not harmful as a rule by their mere mechanical presence, but on account of the powerful poisons which they give rise to. It is now seen that inflammation is very often the expression of a conflict between the cells of the body and the bacteria with their associated poisons.

The conservative nature of disease processes are most beautifully shown in inflammation. Inflammation is found to be a protective mechanism in the struggle of the organism for its life existence, and is the outcome of a long series of adaptations on the part of the cell. This protective mechanism against the proximate causes of diseases extends throughout the whole scale of animal life, even to the amoeba. Were it not for this protective adaptation on the part of the body cells, the highly organized forms of animal life, as well as the human race, could not exist, for by long odds the conditions producing disease, especially in

The Pathological Institute

civilized life, are in the ascendant over those contributing to normal health.

We must not overestimate the direct bearing of bacteriology to the study of insanity. Bacteria are very seldom directly responsible for mental maladies, and comparatively rarely for nervous diseases. They do not attack the brain directly, nor is it to be supposed that there are specific bacteria for individual diseases of the nervous system. The action of bacteria in damaging the nervous system is indirect. The brain is so well protected against their incursions, that they generally attack some other part of the body; but the nervous system is injured by the *poisons* which bacteria give rise to. The bacterial products enter the circulation or lymph spaces, come in contact with the nerve cells, and poison them. Not an inconsiderable share of diseases of the nervous system in general take their primary origin in bodily diseases. These general body diseases, such as typhoid fever, pneumonia, syphilis, smallpox, influenza, scarlet fever, etc., either by their poisons or by interference with the food supply of the nerve cell, cause it to degenerate. In short, bacteriology and pathology are closely interrelated. It is not alone sufficient for the pathologist to recount the subtle changes occurring within the nerve cell in disease and render an opinion, to the effect that these changes are due to the action of a poison. We must know what the poison is, and where it comes from. In the solution of this question, bacteriology is indispensable.

The physiological chemist goes far deeper than the bacteriologist in identifying the proximate pathogenic stimuli. The devotees of medical science, particularly of pathology, are turning in eager anticipation for the ultimate solution of the question of cell degeneration to the science of physiological chemistry. What the pathologist observes under the microscope even in the most delicate changes of cell organization, is really far short of a causal explanation of disease processes. Behind all these morphological changes in the cell is a series of most complex chemical adjustments.

The Pathological Institute

All disease processes are caused by disturbances in the chemical activities of the normal cell. The science of the chemistry of the cell is in its infancy, and the ultimate solution of the occurrence of disease processes can only be explained by the physiological chemist. For it is by means of this science that we can have any hopes of discovering the chemical composition of the cell; the reactions of the cells to poisons; the nature of these pathogenic poisons themselves, their origin, their interference with the food supply provided by the blood to the cells for the elaboration of their energy. When all these problems are solved, the abnormal changes in cells, seen under the microscope, will be more fully explained.

Physiological chemistry has its specific role in investigating insanity. Few of us realize the fact that at every moment of our lives poisons are generated in the body itself, which in health are taken care of and eliminated. When however, some slight hitch occurs in the delicate equilibrium of the chemical reactions going on in the complicated laboratory of the body, widespread havoc may occur. A poison generated within the body may escape into the blood, and while it may do comparatively little damage in the body, to the more lowly organized and more resistant body cells, it may still work harm to the sensitive and highly organized nerve cells. The nervous system is the most sensitive of all parts of the body to pathogenic toxic substances in general, but it is a most exquisite index of the presence of these poisons arising within the body itself. The conviction is daily gaining ground that many forms of insanity which arise so insidiously are due to self-poisoning. The microscope may show us traces of these poisons, but their source and nature can only be discovered by the method of physiological chemistry. The microscope is, no doubt, powerful, but it cannot penetrate into the depths which physiological chemistry can reveal. Beyond a certain region of morphological research into the mechanism of the nervous system, the microscope alone proves an utter

The Pathological Institute

failure. These poisons generated by the body are of such subtle origin that it would seem almost beyond the power of science to identify or trace them. The physiological chemist attempts to identify them by examining the secretions or the blood. If unable to identify and separate them directly from other components of the body fluids, he is still able to indicate their presence: he injects the body fluids into animals and watches the physiological effects, by which he is enabled to tell whether the body is generating poisonous matters.

In identifying the poisons associated with bacteria the researches of the physiological chemist have been attended in many instances with brilliant success. In tetanus or lock-jaw for instance—the bacteriologist at first identified the bacteria of tetanus, has studied their whole life history and habits, and has even found this germ in the wilds of Africa, where the natives smear their arrows with mud of certain swamps which become partially dry during the summer season. This earth contains the spores of the tetanus-bacillus, and thus the strange fact explains why the victims struck by their arrows often die of tetanus.

The physiological chemist, however, has gone further than this. He has succeeded in isolating the poisonous principles associated with the tetanus bacillus, and is actually able to separate them in the form of a powder so that one might carry round in his vest pocket the real agent of tetanus, were it not so sinister a substance and so extraordinary a poison, for 0.065 of a gramme is absolutely fatal to animal life. Such a poison transcends in intensity almost anything that we know of among drugs and inorganic poisons. A little of the tetanus bacillus poison goes a good way, and it is not unlikely that many other bacterial poisons are almost as powerful. The poisons formed within the body itself seem to be less fulgerant in their action, of milder intensity and insidious character, but unfortunately they offset this mildness by their tendency to remain persistent, and this presents a great barrier to the restitution of the nerve cell, for it is deprived of an opportunity to rest and recover its pathological expenditure of energy.

The Pathological Institute

Seeing that not an inconsiderable volume of mental diseases is caused or prepared for by action of poisons upon the nervous system, especially those of general bodily disease, it is of the utmost importance to trace them and use, as far as possible, practical measures against them. I think, therefore, that pathology, bacteriology and especially physiological chemistry need no further words of explanation of their place in the investigation of insanity.

With all of these wonderful avenues of investigation so recently opened in the research of nervous diseases, the pathologist, physiological chemist and bacteriologist can go but little beyond the mere description of facts and observations. *The real meaning of the great majority of all these changes in the nervous system, especially in mental maladies, their significance and the manifestations associated with them during the life of the patient can only be made clear through the science of psycho-pathology.*

A curious division has arisen between the practical fields of nervous diseases and mental diseases, which having extended into the scientific investigation of both, has created a very unfortunate and artificial gap. However important it may be from a practical standpoint to separate nervous diseases, which do not interfere seriously with the intelligence, from mental diseases which require a radically different treatment, the division in the scientific investigation of the two sets of diseases has been a distinct drawback in the progress of both sciences. The progress of knowledge of mental-maladies has suffered the most in being considered a field of investigation apart from that of the nervous diseases. The damage in nervous diseases involve the lower and more simply constructed parts of the nervous system, and were the understanding of these simpler conditions applied to the domain of mental diseases, more progress would have resulted. One distinct aim of the Institute in many of its departments is TO BRIDGE OVER THIS ARTIFICIAL SCIENTIFIC HIATUS BETWEEN NERVOUS AND MENTAL DISEASES.

Now we find that the nervous system (even in its highest spheres) behaves like other parts of the body in the presence

The Pathological Institute

of disease processes. It was suggested in the preceding section, that the nerve cell may exercise a protective agency against hurtful stimuli by retracting its arms, which also provided a period of rest for the cell to recuperate pathological expenditures of energy. When the hurtful stimulus becomes more intense, as in the case of poisons coming in contact with the nerve cell, notwithstanding its superlative organization, it behaves just like its humbler associates in the liver, the kidney and elsewhere. It may undergo changes in its internal organization in contact with the poisons of disease; its food supply may also be interfered with. We then perceive, under the microscope, signs of degeneration of the nerve cell as witnessed in other parts of the body when their cells are exposed to the influence of poisons. But even under the influence of poisons, the nerve cell has a wonderful degree of vitality and a large capacity for restitution, when the disease-producing poisons are withdrawn. It is a very important view to consider that the brain behaves like other parts of the body in disease processes. Guided by this view we can avoid the pitfalls of error into which those investigators are apt to stumble, who are prone to think that the brain has its own disease processes radically different from those of the body in general. In studying, therefore, the changes in diseases of the nervous system, one must always hold fast to one fundamental truth, that the brain in disease must not be regarded as something apart from the rest of the body, and must not be isolated as an organ *sui generis* having inaccessible mechanisms and mysterious powers.

The nerve cells are like other cells only more highly organized. They must obey the laws of cell life in general whether in health or disease. For it must always be borne in mind that even the highest constellations of the brain are not composed of elements distinct or different from the humblest parts of the nervous system, or even the simple nerve which pursues its pathway anywhere throughout the whole body. The fundamental structure of the constituent elements are the same in each, whether a

The Pathological Institute

simple nerve trunk or the noblest and highest regions of the brain itself.

Enough has been said, perhaps to indicate the very comprehensive character of pathological research at the present day, and the fact has been emphasized that it is a bad plan to study disease processes in the nervous system, as though the latter were an organization apart and different from other structures of the body.

The study of pathology in the nervous system then, in this Institute, must always be guided by a most comprehensive knowledge of general pathology of the whole body. It is, however, extremely difficult for any one individual to have a working knowledge of disease processes in the body in general and at the same time know enough of the nervous system to extend into this field the broad conceptions of *general* pathological research. This is the reason why the department of pathology at the Institute is at a great disadvantage; the department has not enough men to cover the whole field of pathology in its relations to the nervous system. We have not had money to provide for an associate in pathology who could bring to bear his knowledge of general pathology on the special problems of nervous and mental diseases. It is absolutely essential that the department should be provided with another associate in general pathology. As it is, we have but two associates in pathology, Henderson B. Deady, M. D., (Columbia University) and Bronislaus Onuf, M. D., (University of Zürich). Doctor Deady, who shares with the director the very large administrative details of the Institute, has but little, if any time left for research work in pathology. Doctor Onuf's long studies and training in the structure of the nervous system enable us, fortunately, to have him preside over the more specialized and intricate field of pathological investigations relating to the architecture of the nervous system and anatomy of its fibre tracts. It may be seen, then, that the whole burden of taking charge of the department of pathology falls upon Doctor Onuf.

The Pathological Institute

Such a task is too comprehensive for any one individual to undertake. The very meagre allowance of \$500 a year is also rather insufficient to claim his whole time in accepting the responsibility of carrying on the brunt of the work of this department. This allowance is in the nature of a scholarship; only limited demands can be made upon his time, which is devoted to specialized research work and to giving aid to his colleagues, when their fields of research touch his.

Doctor Onuf's collegiate associations elsewhere also preclude spending his whole time at the Institute. We are, therefore, largely debarred from entering and fully reaping the benefits of one of the most fruitful fields of the Institute, especially in extending the work to the State hospitals. We lack the funds to provide for an associate in pathology, who could make practical application of his knowledge of general pathology to the nervous system, devote his whole time for the benefit of the Institute, collect autopsy material for investigation in this field, and give instruction at the Institute to various members of the staff of the State hospitals. *Such an associate is all the more desirable, since most of the hospital physicians in undertaking scientific research, choose pathology as their favorite work, on account of their being better adapted for it by their medical training.*

This insufficiency of working force in the department of pathology, has also been a very serious drawback in the acquisition of that particularly valuable kind of material for investigation which is not to be found within the asylum. The opportunity for acquiring this material, so valuable in the investigation of insanity, largely determined the seat of the Institute in the great metropolitan city of the State. This material is derived from autopsies on cases in which the nervous system is damaged by the great host of general bodily illnesses. The making of autopsies; the acquisition of autopsy material of nervous diseases; the preservation of this material with the requisite great care and detail, all involve an enormous amount of work, and we have been unable to take full advantage of the very opportunity, which led to the inauguration of the Pathological Institute in New York

The Pathological Institute

city, namely, the acquisition of material and facilities for the study of the first stages of insanity, the importance of which was emphasized in the introductory paragraphs of this report. An allowance of at least \$1,200 per annum should be granted for an increased working force in this department.

The department of bacteriology is in charge of Henry Harlow Brooks, M. D. (University of Michigan).

The department of physiological chemistry is in charge of Phoebus Levene, M. D., (Imperial University at St. Petersburg, Russia), and S. Bookman, Ph. D., (University of Berlin).

The apparatus and equipment of the three departments is of the conventional kind, and embodies no special armamentarium beyond the requirements of the most modern advances in each science.

The equipment for the department of pathology includes the best apparatus for preparing material for microscopic study, such as the most approved form of paraffine microtomes, sliding microtomes, microscopes, etc.

The equipment for the department of bacteriology includes the conventional apparatus for studying the biology of bacteria, such as thermostats, incubators, and the accessory glassware and instruments, etc.

The equipment for physiological chemistry, includes quite an extensive outlay in glassware, chemicals, instruments for animal experimentation, etc.

5A

DEPARTMENT OF EXPERIMENTAL PATHOLOGY

I have endeavored to show in some of the preceding sections that in these days of great specialization and subdivisions of the fields of pathological research, it is out of the question for any individual to have the capacity to cover the entire territory. Twenty, perhaps, even ten years ago, when methods of investigation in pathological research were in a comparatively elementary stage of development and used uniformly for the investigation of disease processes in all parts of the body, a single individual could master the whole territory and was a general practitioner and physician to boot. He could observe symptoms during the patient's life, bridge over the chasm of death, as it were, and write the sequel of the story of the disease by observing the changes in the organs under the microscope. At the present time, the problems of pathological research have grown vastly more complex. The examination of different constituents of the body, form distinct and specialized territories of research, each having particular and intricate methods adapted for its special purpose, which cannot be used uniformly for the investigation of all parts of the body. Thus the changes in the blood alone, associated with disease, constitutes a distinct field of research with specialized methods of investigation, and within the past few years an extensive literature has grown up emphasizing the importance of specialized microchemical investigation of the blood.

The study of the general changes linked with disease processes throughout the body at large, including the study of tumors, constitutes a very wide field of research, and is more or less subdivided into distinct branches of investigation. The study of morbid processes in the nervous system constitutes another field of pathological research, which is in turn subdivided into many specialized branches of investigation. And the investigator who would explore this field, must first traverse the domain of general pathological anatomy, must then learn the in-

The Pathological Institute

tricate architecture and construction of the nervous system in order to apply to it his knowledge of the general nature of disease processes.

Experimental pathology in its turn constitutes a highly important and specialized domain of pathological investigation. Studies in this field of research which seek to induce disease processes experimentally require special skill in conducting operations on animals, and of watching the abnormal physiological manifestations of the animal after the experiment has been performed. It can be seen then that this territory, merges over into that of physiology. If pathology be restricted to the mere observation of *changes in form* within the organs and their constituent cells during the processes of disease, its power of investigation terminates quite abruptly in very many directions. We must not only observe the changes in form and structure within the cells during disease processes, but also attempt to study the changes in the *functions* of the organs and of the cells themselves. In brief, experimental pathology takes into account the *abnormal physiology* of organs when exposed to environment simulating that of disease. This most important branch of research in pathology, respecting the abnormal physiology of the organism during disease, is best conducted from the standpoint of experimental pathology. Experimental pathology fills up the gaps in knowledge of disease processes gained by studying them in the human subject alone.

Anatomy deals with the structure of the normal organism; pathology studies the diseased organism, and physiology is the science of the functions of the organism. It is obvious that pathology is greatly dependent on pathological physiology for the solution of its problems. Pathology embraces not only pathological anatomy and pathological chemistry, dealing respectively with changes in the structure and chemical reactions of organs, but must also take into consideration pathological physiology. Pathological anatomy and pathological chemistry have already been touched upon in their relations to general pathology, and it

The Pathological Institute

is now in order to emphasize the important bearing of pathological physiology in the study of morbid processes in general and of the nervous system in particular.

As normal physiology deals with the functions of the different tissues or organs in the normal organism, pathological physiology investigates the abnormal functions in the diseased organism. But the questions which pathological physiology has to decide are much more complicated than in those of normal physiology because of the protean aspects of disease and the great variety of phases of the process of disease. Disease is very seldom so simple a phenomenon as the expression of the abnormal functioning of a single organ of the body. The body is a united whole, and the various organs so indissolubly interrelated that abnormality of functioning in one organ may produce a wide-spread effect on the functions of the other organs. Disease is a whole complex of abnormal functions of various organs, although primarily it may result from the departure of a single organ or tissue from its normal structure, chemistry, and functions. In disease the pathological physiologist is confronted, as a rule, with a whole complex group of abnormal functions of several organs, and he has to sort out and differentiate how far the abnormal functions of each organ contributes to the general symptomatology and to discuss the interrelation of the abnormal functions of the several organs.

Observation at the bedside is, to a large extent, a practical application of pathological physiology, but in most instances, such observation can only state the substance of the question as to the nature of disease processes, namely, the origin, cause and course of the disease, and is seldom able to answer it. Pathological anatomy may demonstrate that a given disease is followed by certain lesions in certain parts or organs of the individual, and may further show that the same lesions are always associated with the same disease, thereby making a certain relation between the two factors quite probable. But in order to change probability into certainty other methods of investigation are essential. It is necessary to reproduce the dis-

The Pathological Institute

ease experimentally and artificially in animals. If the pathological lesions found in a given disease can be initiated experimentally in an entirely healthy organism and disturbances in the functions of the organs similar to those of the disease result, the chain of evidence demonstrating the association of the symptoms and lesions is complete. This plan is the great aim of pathological physiology.

In this experimental method, not only in pathology but in all biological science and natural sciences generally, lies the great power and advantage of modern methods of investigation over the ancient lines of research. In some instances, the experimental method in the study of disease may be applied to human beings, more particularly in methods of treatment. In fact, all of our empirical knowledge of the action of drugs has been gained through experiments in pathological physiology. In fever, for instance, the modifications induced in the abnormal functions of the body by antipyretics or a cold bath are useful applications of the experimental method in pathological physiology. The opportunities for using experiment in abnormal physiological manifestations of human beings in disease are seldom afforded. Hence we have to make use of experiments on animals and compare the results with the phenomena of morbid processes in man. It may be said that pathological processes induced in animals can not be compared with those occurring in human beings, for the organization of each is different. This is certainly true to some extent. There are, for instance, pathological processes of the gravest import to human beings which, as yet, we have not succeeded in reproducing in animals, such as tumors, syphilis, epilepsy, the small-pox group, etc., and many diseases of the nervous system. There are certain factors vaguely grouped together under the terms predisposition and immunity, which make an individual of the human species prone to a disease process and shields an animal from the same process, and vice versa. Still the idiosyncrasies of man to many diseases from which animals seem shielded only goes to show how much we still have to learn of

The Pathological Institute

predisposition, immunity, and the factors of heredity and vulnerability in disease. These facts in themselves, on the other hand, emphasize all the more the imperative necessity of the more extensive application of the experimental method in pathology, for the diseases which seem beyond the reach of the experimental method were formerly and are now precisely the very ones which are most obscure and unsatisfactory of explanation. The exclusive privilege which man exercises over the rest of the animal kingdom in making himself heir to many diseases speaks volumes for the theory which I have advanced above, that the predisposition of man for these diseases is due to degeneration (toxic) of his germ plasm and civilization's abrogation of the laws of survival of the fittest in man.

In many instances, fortunately, one is quite justified in considering the abnormal functions of the organ in an animal, when a given disease process is induced experimentally, as equivalent to the abnormal functions in a human being in that disease.

The cardinal functions of the corresponding organs are the same in all animals with higher organization, and the structure of these organs resemble each other remarkably closely. If then, having produced in an animal the same lesions in an organ corresponding to the ones such as are found in the human cadaver, and that animal manifests the corresponding set of symptoms, the causal relations of the abnormal functions to the structural changes rest upon a firm basis. This is the way that the brilliant and practical results of bacteriology have been achieved. Without the use of experimental pathology, bacteriology would indeed have been a sterile science in the practical domains of medicine. It would have resulted in a piling of Pelion on Ossa of mere facts of the life history of bacteria, and their all-important pathogenic qualities would have remained comparatively unexplored. We should not strive always to experiment on animals which, by the high and complicated development of their organization, are more or less related to human beings, but, on the contrary, greater extension of the experimental method in pathology

The Pathological Institute

should be made in the lower animals where the brilliant work of Metchnikoff has given the key to the explanation of the phenomena of inflammation. The less complicated the organization of the animal, the less complicated are its functions, and the easier it is to comprehend its structure and functions in either health or disease. But this field, experimental pathology in the lower animals, belongs to or is shared with the province of cellular biology and has already been alluded to. From these studies it will then not be difficult to progress to the understanding of the aspects of disease in more complicated organisms. For our purposes, experiments to produce disease processes on the more *highly organized animals*, belong more properly in the territory of experimental physiology.

When morbid processes are induced experimentally in animals, to compare the equivalence with disease in the human subject, the services of physiological chemistry, bacteriology, and pathological anatomy, must be called upon; the secretions and excretions must be examined; the physical methods of examination used in the clinic or laboratory of normal physiology must also be taken into account. In addition, the tissues of the animal are to be examined by the microscope after death. To a casual observer, it might seem then that pathological physiology, having no methods of its own, could hardly be called an independent branch of medical science. This is as little true of pathological as of normal physiology. The aims of pathological physiology, the questions it has to study and decide upon are necessarily of its own kind, notwithstanding the fact it applies methods of research used in other branches of medicine. Still this branch of science has an individual method, namely, animal experimentation conducted along a certain line peculiar to pathological physiology alone.

Like every other branch of medicine, experimental pathology or pathological physiology is closely, even organically, related with the other branches. It is a *connecting link* between *pathological anatomy*, *physiology*, *bacteriology* and *physiological chemis-*

The Pathological Institute

try on the one hand, and *clinical medicine* and *hygiene* on the other. Its work is indispensable, not only for the progress in the treatment of disease, but none the less for advances in the highest art of medicine — the prevention of disease.

Progress in modern surgery, in serum therapy, in the prevention of epidemics, in immunization, public hygiene and antiseptics owes a great debt to experimental pathology.

The study of the pathology of the nervous system is more dependent upon pathological physiology than any other system in the organism. All the other organs of the body differ from each other by the anatomical structure and by their functions simultaneously, while different parts of the central and peripheral nervous system have the same anatomical structure and still their functions are entirely different. We can hardly see, for instance, any morphological or chemical difference between some parts of the brain, the irritation of which produces contractions of the muscles; or other parts of the brain, the irritation of which produces contractions of the circulatory system, rise of temperature of the body, and so on.

The fact that every part of the brain has only to perform a certain part of mental or nervous work in the physiological division of labor in the nervous system, was shown first by Hitzig and Fritsch by the aid of animal experimentation. They irritated with an electric current certain places in the convolutions of the brain and always received contractions in certain muscles. These experiments having such a great theoretical importance for the understanding of physiology of the brain, played even a more important part in the pathology and in the localization of functions of different parts of the nervous system.

These experiments contributed a valuable part in enabling the physicians to find in a living man a tumor of the brain, and the surgeon to direct the knife to its location with almost mathematical accuracy. Experiments of this kind corroborated the differentiation between focal and essential epilepsy, and it is to be hoped that the day is not far distant when the simulacrum of epilepsy may be artificially induced in animals through the

The Pathological Institute

labors of experimental pathology. If the simulacra of epileptic phenomena could be experimentally and permanently induced in animals, it would furnish the key of the explanation of this obscure process. All the facts which the pathologist and physiological chemist has gained in the study of this dire malady give no explanation at all of the *process* which gives rise to the epileptic phenomena.

Animal experimentation has also proven that extirpation of certain portions of the cortical part of the brain always produces a degeneration in the same nervous fibres, proving thereby the neuron theory and showing the location and topographical distribution of different groups of functionally related neurons. Many more examples could be added, showing the value of pathological physiology for the study of the nervous system.

Morphology and chemistry alone are not now, and never will be, able to explain all the phases in the actions of the nervous system, not only because we are unable to differentiate morphologically or chemically one pathological process in the brain cell from another, but also because the same pathological process of two different parts of the brain, if their functions are different, can have a different influence upon the organism as a whole. It is, therefore, not sufficient to study the morphological and chemical changes of the nervous system in its pathological state. We must also see what influence such a diseased nervous system has upon the different systems of the organism, such as the action of the heart, the blood pressure, the respiration, the general metabolism, and so on, as these all depend upon the nervous system, and must be changed when the latter is changed. *Conversely the effects of changes in circulation, respiration, general metabolism and changes in organic and vegetative somatic functions upon the higher parts of the nervous system must also be taken into account.* But this latter topic must be studied by the pathological physiologist and psycho-pathologist conjointly. We can illustrate this best by the plan of studying the influence of drugs or poisons on the nervous system. Let us suppose that we introduce into an animal certain drugs that pro-

The Pathological Institute

duce convulsions or sleep; no matter whether we find morphological or chemical changes in the nervous system or not, we will not know thoroughly the nature of the action of these drugs until we examine, by all the physical and physiological methods at our command, the influence of the drugs upon the nervous system itself and all other systems of the body, the action of which is regulated by and depends upon the nervous system.

From one particular standpoint, however, this branch of research deserves special emphasis, for it relates to some questions of ultimate and practical importance regarding the insane. One of the specific rôles of experimental pathological investigation, in psychiatric research, lies in the determination of the action of drugs upon the nervous system. It must be confessed, that in the treatment of the insane, our knowledge of the effects of drugs upon the metabolism of the nerve cells is very obscure. No one will deny that it is of the utmost importance to know what we are doing to the nerve cells in administering drugs to the insane. At present the knowledge of the action of the drugs given to the insane, is known simply by the general physiological effects, and not by the chemical reaction between the constituents of the nerve cell and the drug itself. Our knowledge of the action of drugs on the nervous system is empirical to the last degree. In epilepsy, for instance, I do not hesitate to say that in very many cases the administration of bromides on this entirely empirical basis, although relieving the symptoms, may actually in the course of time damage the nervous system severely. The bromides, if given continuously, may constitute an actual poison to the nerve cells, and in this disease one evil may be added to another, in that the ravages of the disease process of epilepsy is augmented by poisoning the nerve cells by a drug, whose action upon the delicate organization of the nerve cell is altogether unknown.

Epilepsy seems to be due to the action of some stimulus, which though mild in intensity, may, by its persistence, act in the higher spheres of the brain. This stimulus may come from a variety of

The Pathological Institute

places in the body. It may arise from the intestines in the form of a mild poison, which may escape into the blood from some departure in the complicated chemical operations attending digestion; it may travel up one of the many nerves of the body from some irritation which involves the ends of these nerves; it may be due to the irritation of a tiny splinter of bone pressing on the brain after a blow upon the head, etc. In an individual of inherent instability of the higher spheres of the brain, this constant stimulus finally causes a sudden dissociation of this part of the brain from the lower spheres beneath, by means of the retraction of the tentacles of the nerve cells. These nerve cells in the upper spheres of the brain become fatigued, through the constant reception of the stimulus, and retract their arms to avoid the noxious and offending impulse. But in the sudden retraction of the upper spheres of the brain, which grasp and control the lower portions, the energy of the latter is suddenly unbridled and loosened, and the epileptic fit results. Now it is a question, if in deadening and benumbing these upper spheres of the brain by the use of bromides, so that they no longer exhibit a sense of fatigue to the stimulus, that in the course of time much harm may be done. It is quite true, that the symptoms of epilepsy may be controlled in this way, but are we not poisoning the nervous system to gain this end? It were far better to ascertain the cause of the epileptic fit—the persistent stimulus coming from some distant place in the body—and attempt to remove this, rather than to injure still further the highest spheres of the brain, by benumbing their sense of fatigue with a poison.

If the large and continuous amounts of bromides be given to animals, as has been determined in some research work in one of the State hospitals, the result is the poisoning of the nerve cells manifested by the phenomena of degeneration. While the drug is not given in epilepsy in such poisonous amounts as in these animals, nevertheless it must act in the same way, though to a less degree. If a perfectly sane man were continuously loaded with bromides, it would seem almost certain that in the course of time he would begin to show a dissolution of the higher spheres

The Pathological Institute

of the brain, whose activities are concomitant with the manifestations of the highest forms of mental operations and consciousness. It must appear, then, from this single example, how important it is to know the action upon the nerve cell of these drugs which are given in insanity. Hence I would enter a plea for provisions in experimental pathological work at this Institute, and have already mapped out an extensive series of experimental researches to determine the action on the nerve cell of the drugs used in the treatment of insanity.

In addition to the determination of this important and practical question by this department, many problems relating to self-poisoning in the body fall within its scope. Subtle disorders of a whole system of organs within the body whose duty is to maintain the blood in proper equilibrium, may induce a poisoning of the nervous system with grave results. A very large share of our knowledge of diseases which spring from disorders of the organs which produce the blood and maintain its chemical and morphological equilibrium, has been derived from the researches of experimental pathology. A large share of work still remains to be done in this field, and facilities for the experimental study of the relation of changes in these blood-producing organs, to poisoning of the nervous system in mental and nervous diseases, ought to be provided for at this Institute.

We have no one on the staff at present who has the requisite time or specialized training to undertake and stimulate work in the field of experimental pathology. This associate should be able, in addition to his own special investigations, to perform all the operations on animals desired by the other associates in the course of their researches, or to devise new operations and experiments as may be necessary in the course of psycho-pathological, pathological, bacteriological or chemico-physiological investigations. In addition to this, he should conduct all the physical and physiological parts of the examination, transfer and apportion the morphological, chemical and bacteriological material to their respective departments for detailed investigation after the experiment has terminated.

The Pathological Institute

5B

INVESTIGATION OF BLOOD IN INSANITY

The investigation of the blood in insanity derives its importance as a distinct field of research, from the fact that this is the medium of conducting the food supply to the nerve cell. When the nerve cell works, it expends energy, and the elaboration of energy is carried on within the body of the nerve cells from crude food materials derived from the blood vessels. The theory has lately become more and more substantially founded upon facts and observations, that not an inconsiderable share of mental and nervous diseases are due to the actions of poisons upon the nerve cell. These poisons, which comprise a very large group, are sometimes bred within the interior of the body; they are often derived from bacteria and frequently taken into the body from extrinsic sources. But there is danger of carrying this explanation of the action of poisonous substances upon the nervous system too far, and thereby underestimating the *equally important factors of deficient food supply and pathological fatigue of the nerve cell in the production of nervous and mental disease*. In observing the actions of poisonous reagents upon the nerve cells, the concomitant impairment of *their food supply in relation to the work they perform* must also be jointly taken into account, particularly where the poisons, although mild in intensity, are of a dangerous character from their persistence and chronic action.

Investigations of the blood in the living patient, then, are of paramount importance, because in changes in the blood we have a barometer, so to speak, of the fall or adulteration of the food supply of the nerve cells. We have not only to consider the specific action of poisons upon the nerve cell, but the secondary factor of the interference and adulteration of food supply of the nerve cell which this poison causes by circulating in the blood.

In one of the commonest forms of insanity—general paresis—constituting 40 per cent. of the patients in the hospitals near the large cities, the cause of the disease seems to be a slow,

The Pathological Institute

gradual, unrelenting process of diminishing the food supply brought by the blood, thus inducing starvation of the nerve cells.

The investigation of the blood of insanity has proved of such practical importance as to enable one to base on it therapeutic measures, and to indicate the percentage of cases that may be benefited by a particular line of treatment. Herein is certainly a practical application of the value of investigation of the blood of the insane. If there be one factor more important than any other in the production of mental and nervous diseases, with the exception of toxic agents, it is the *quantitative and qualitative impairment of the food supply carried to the nerve cell in the blood vessels.** Much important work remains to be done in establishing more definitely the factor of impairment of food supply to the nerve cell, in relation to the genesis of mental and nervous diseases, and this Institute can ill afford to neglect this branch of research, and provide for a *systematized extension of this work in the hospitals.*

This once more may serve as a good example to show the inefficiency of the working force of the department of pathology, in having only one associate. Pathological research work covers so many specialized fields of inquiry that a staff of at least three associates is required. I trust, however, to find that the department of experimental pathology and the investigation of the blood of the insane may be carried on by a single investigator.

To sum up the requirements that are necessary to pursue pathological research in the investigation of the insane, three sub-branches should be provided for, each under the charge of a single associate; these sub-divisions are:

- I. General pathological anatomy.
- II. Special pathological anatomy of the nervous system.
- III. Experimental pathology, including the pathological histology of the blood.

* The details of chronic over-fatigue of the nerve cell with normal food supply, or work of the nerve cell under conditions of deficient food supply involve too many technicalities to be presented in this text. Some of these details respecting the significance of the excretion of the metaplasma granules from the nerve cell in relation to pathological expenditures of energy are presented in "The Toxic Basis of Neural Diseases" in press for a future number of the Archives of Neurology and Psycho-pathology.

The Pathological Institute

6

DEPARTMENT OF ANTHROPOLOGY

The importance of heredity as a factor in the production of insanity has been hinted at several times in this text. In the previous section on cellular biology, attention was drawn to the fact that the advances in that science set forth a physical basis of heredity; that the cell scientist had been able to select a certain element in the egg cell which in its fecundation was mingled with an equal amount of the same element from the sperm cell; that these two paternal and maternal contributions to the beginnings of the new being were intimately wrought together and distributed in equal amounts in the process of cell division to every individual cell in its whole organism of the new individual. Hence the new being bears the stamp of the characteristics of both parents.

The facts of the relation of heredity to insanity are to be interpreted only by applying to them the remarkable advances of cellular biology into the nature of the germ plasm. The whole essence of the problem of heredity in insanity lies in a thorough appreciation of these definite researches of the germ plasm and the psychiatrist who does not familiarize himself with these researches in a sister-science can hardly expect to gain any clear insight into the factor of heredity in insanity. The discussions of this subject frequently carried on with but vague and hazy recognition of the present status of cellular biological researches into the physical basis of heredity bears testimony to the desolate isolation of psychiatry from all other branches of science. Psychiatry is its own worst enemy in not stepping forth and affiliating with biological and medical sciences.

Changes in the germ plasm from either the paternal or maternal side or both, operate most powerfully to determine the weal or woe of the progeny, according to whether the nervous system grows up from normal germ plasm full, sound and stable, or contains as a result of pathological germ plasm some hidden, subtle, instability of the highest, most delicately organized and precious

The Pathological Institute

upper centers of the nervous system, endowed with the highest intellectual attainments and also with self-control.

What are the agencies which damage the germ plasm and cause departures from its normal constitution? Precisely the same agencies, to a certain extent, which cause degenerations or induce disease processes in other cells of the body besides the germ cell. These agencies may be summed up under poisons and factors which depreciate the food supply of the body cells.

While in their whole life history the germ cells are set apart from the rest of the body cells for the distinct and sole office of propagating the species, it is not possible for nature to colonize them so completely as to shield the germ cells from the damage inflicted by poisons or deficient nourishment. Thus, for example, the poison of syphilis and the chronic and persistent poisoning of the body by alcohol, both of which seem to operate largely by diminishing quantitatively or qualitatively the food supply of the body cells, not only cause degeneration of the nerve cells, but damage the germ cell as well. This is the reason that the progeny of parents whose nervous systems are poisoned by alcohol and syphilis is notoriously defective in the weak organization of the superlative and most intellectually endowed spheres of the nervous system. For if a very slight defect or chemical change occur in the germ plasm as a result of the action of these poisons, the effect in the next generation will crop out in the highest and most complexly organized parts of the body rather than in the more lowly organized and comparatively undifferentiated parts. This is why the nervous system, and above all, its most lofty portions, are found wanting in perfection when the germ plasm is in a pathological condition.

According to the degree of pathological changes in the germ plasm do the defects of development of the progeny pass successively from higher to lower and lower planes of organization in the nervous system so that all grades of degeneracy and mental instability may be witnessed down to the weak-minded imbeciles and idiots. The exceedingly complex molecular constitution of

The Pathological Institute

the germ plasm and the complicated process of reduction or halving of the germ plasm in maturation of the egg and sperm cells in relation to the action of toxic agents and deficient cellular nourishment is of such urgent importance that I have made plans for the department of cellular biology to approach the problem from the experimental standpoint among invertebrates which afford good opportunity of applying toxic agents to the germ plasm.

During childhood such inherited incapacity of the energy of these higher parts of the nervous system does not always appear, unless the hereditary effects due to damage of the germ plasm be gross and severe, for at this period such higher centres are comparatively little used. During adolescence and later life, however, when these higher centres of the nervous system are called upon for the greatest and most extensive expenditures of their nervous energy they may fail. We then perceive the outcropping of hereditary defects. It becomes worse in the next generation for the reason that this unstable brain energy in the first generation is liable to cause the individual to commit excesses; to set aside moral laws in decent, wholesome living, to tamper with the nourishment of the body and introduce alcohol or other poisons into the circulation of the blood. Thus the germ cell in the second generation becomes still further degenerated in that it suffers from this exposure to poisons and imperfect food supply in the blood. Degeneration of the germ plasm is liable to bring about pathological conditions in the nerve cells and other somatic cells disturbing the general metabolism of the body or pathological processes (especially in the highest spheres of the nervous system) which induce a craving for toxic substances (alcohol) that reacts upon the germ cells and advances their degeneration in progressive generations. Degeneration of the germ plasm once established tends to set up a vicious circle increasing the degeneration in each successive progeny. The third generation becomes still more unstable in the energy of the higher portions of the brain which hold the lower ones in check. It is from this or succeeding generations that are recruited the inmates of

The Pathological Institute

the prison, of the lunatic asylum, of the reformatory and of the hospital for the epileptic. We are, however, in such a backward state of general knowledge among the masses of all these phenomena that we cannot seize these things in the beginning, where they ought to be taken in hand, but must wait for the end so that the State has to spend millions, taking care of sickly and incurable degenerates. Spontaneous variation and environment must, of course, be taken into consideration in the march of degeneracy. But from whatever sources or combinations of these sources the degenerate and the candidate for the prison and the asylum springs, we must identify him and have knowledge of him in the first and early stages of his pathway.

Now as to the use and purpose of anthropology. The relations of anthropology to medical science are somewhat vague. No one seems to define clearly and exactly just what anthropology is to do, or what results we may expect from it; consequently one may avoid the ponderous definitions usually given and attempt to explain in simple language the use of anthropology in the science of medicine. Anthropology is simply a convenient term to indicate that two or three sciences are made use of collectively to study not only individual cases, but also large bodies of men. In this way the science simply makes use of anatomy, physiology and psychology, more or less simultaneously, in investigating normal and abnormal phenomena of human life.

Now our object with anthropology is to conduct these anatomical, physiological and psychological investigations, to determine the characteristics of men with abnormal nervous systems as compared with the normal. We wish to identify the degenerate; we wish to learn departures in the physical and psychical characteristics of men at various stages along the pathway toward the prison and the asylum. At the asylum we already know fairly well what departures the insane show from the average normal man. In the asylum, however, only the last stages of mental and physical abnormalities preponderate, and we depend on anthropology to work out the initial and intermediate stages in the course of degeneracy.

The Pathological Institute

The first stages in the history of the degenerate, in a great majority of cases, is some defect of the germ plasm, and it is this that gives rise to the stigmata or marks of degeneration, both mental and physical found in many of the inmates of the prison, of the reformatory, of the hospital for the epileptic and for the insane. In determination of the mental characteristics of degeneracy, anthropological investigation must be under the guidance of psychology and psycho-pathology.

The great difficulty encountered in this investigation is the selection of a normal standard whereby to measure the abnormal departure. In this country where the population is so heterogeneous, we are immediately confronted by the difficulty of finding a standard race type to measure by, and in fact we can find no absolute standard. A perfectly normal man is a creature of the imagination. Only a standard varying between certain small limits can be used. We also hope by means of this department of anthropology to study the phenomena of deterioration in the criminal and in the epileptic.

I must, however, ask that our constituents be reasonable in expecting immediate results from this department. The amount of work falling within the scope of anthropological investigations of the early phases of insanity is stupendous. It can only be done little by little, and must grow and develop in the course of years.

The expectation is also cherished that the Commission will see the advantage of extending this work by a larger staff, not by spending more money on the department, but by allowing us to bestow honorary associations with the Institute upon those who may prove themselves proficient in doing scientific work in this department and desire to avail themselves of its opportunities for investigation. Any work along these lines such as previously indicated to be of any value whatsoever, must be most carefully planned. It cannot be forced along with undue haste in accordance with what American enterprise demands in all other walks of life. Scientific work must be exempted from this pressure of haste. I must therefore ask patience in expectation of results

The Pathological Institute

from this department, the more so, since we have no established precedent to follow in our investigation. We are doing pioneer work and this as a rule meets with failures, and often has to begin over again, profiting by its mistakes and has frequently to readjust its plan and methods of work. From time to time results may be published as to the progress of this department, but they cannot be had all at once.

A very interesting piece of work now in progress in the department of anthropology is a study of the correlation of the mental and physical growth of some young boys in a disciplinarian school. This has been undertaken in conjunction with Dr. Downing, of Brooklyn, N. Y. Fortunately we have an opportunity of studying these boys for several years, in order that we may fully record the relationship of psychical and physical growth, and also identify those among them who tend to deflect into the pathway of degeneracy. In short, the main object of the department of anthropology is to identify and study by means of scientific methods the degenerate, the candidates for the prison, the reformatory and asylums. It must be seen how important is some attempt at gaining a coherent knowledge of the insane before they make their way into the hospitals. When this is known, it is bound to be of practical benefit and yield economical returns by instituting some form of control of insanity before it reaches its more hopeless stages.

In brief, one prominent purpose of anthropology at the Institute is to ascertain the proportion of cases of insanity occurring in normal individuals, in individuals who have no hereditary predisposition toward insanity — and to compare this proportion with the other cases of insanity complicated with or resulting from hereditary predisposition. For in the former class of cases insanity is more or less of an accident, and in the great majority of cases recovery is to be expected; whereas in the latter class with predisposition recovery is much less liable to occur. The determination of the question it is plain, is most important and practical.

The Pathological Institute

The instruments required for this department are comparatively simple and inexpensive. It has apparatus for testing the acuteness of the senses (all of which have to be determined in the various phases of degeneracy) and sundry instruments for physical measurements of the human body; two instruments to measure the diameter and contour of the skull, one in duplicate for the use of the State hospitals; measures for determining the cubic contents of the skull; a stereograph for tracing contours and profiles of the skull, and an anthropometer used for taking general measurements of the body.

We hope in the course of time to make a collection of skeletons of the insane, in order to study the stigmata of degeneracy in the osseous system. These skeletons can be exhumed without much expense, after the cadaver has remained in suitable soil for two or three years.

The anthropological institute at Paris is very proud of the collection of the complete skeletons of 13 epileptics, because their histories and behavior during life are accurately known. Seeing that the histories of our patients at the hospitals are scrupulously kept, we ought to be able in the course of time to have one of the best collections in the world for studying the osseous systems of epileptics, criminals and lunatics. The value of this collection does not lie in the fact that it is a mere conglomeration of bones, but that it should be possible to study each skeleton in connection with the life history of its possessor.

The department is in charge of Alois Hrdlicka, M. D.

SECTION 4

UNCLASSIFIED RESIDUUM.

In conclusion to these remarks on the correlation of several branches of scientific research in the investigation of the life history of insanity, a paragraph from one of Professor James' essays* is most appropriate:

"The great field for new discoveries," said a scientific friend to me the other day "is always the unclassified residuum. Round about the accredited and orderly facts of every science there ever floats a sort of dust cloud of exceptional observations, of occurrences minute and irregular and seldom met with, which it always proves more easy to ignore than to attend to. The ideal of every science is that of a closed and completed system of truth. The charm of most sciences to their more passive disciples consists in their appearing, in fact, to wear just this ideal form. Each one of our various *ologies* seems to offer a definite head of classification for every possible phenomenon which it professes to cover; and so far from free is most men's fancy, that, when a consistent and organized scheme of this sort has once been comprehended and assimilated, a different scheme is unimaginable. No alternative, whether to whole or parts can any longer be conceived as possible. Phenomena unclassifiable within the system are therefore paradoxical absurdities, and must be held untrue. When, moreover, as so often happens, the reports of them are vague and indirect; whether they come as mere marvels and oddities rather than things of serious moment—one neglects or denies them with the best of scientific consciences. Only the born geniuses let themselves be worried and fascinated by these outstanding exceptions and get no peace until they are brought within the fold. Your Galileos, Galvanis, Fresnels, Purkinjes, and Darwins are always getting confounded and troubled by insignificant things. Any one will renovate his science who will steadily look after the irregular phenomena. And when science

* "What Psychical Research has accomplished" in the "Will to Believe and other Essays in Popular Philosophy," p. 209.

The Pathological Institute

is renewed, its new formulas often have more of the voice of the exceptions in them than of what were supposed to be the rules."

Surely from the scientific standpoint the disordered states of consciousness in insanity form a very large "unclassified residuum." In correlating these branches of sciences we have avoided the danger which Professor James indicates of restricting a branch of science to some set, fixed and narrow limits of observation. If a branch of science be thus restricted it soon becomes walled up within itself. It travels in a rut, repeats its old observations over and over again, trying to make them appear new by merely setting them forth in new words; it finally becomes worn out and mummified. On the other hand, if a branch of science seems to be nearing the limits of its capacity to formulate new generalizations, seems to have completed its possible activities in presenting the ideal closed system of truths to which there seems nothing to add, such a science when stretched out to the outlying domain intervening between a sister science may have to begin its investigations all over again in a new and broader light. It is the value of the domains between the various medical and biological *ologies* that we have endeavored to bring out into prominence in the study of insanity. It should not be considered that the Institute has overreached itself in bringing unnecessary or irrelevant departments of science to bear upon the problems, or that in taking a stand against the restricted study of insanity it has gone to the opposite extreme in too greatly diversifying this research. In fact a practical working force of but one associate for the comprehensive department of pathological anatomy and no representative for the department of the normal histology of the nervous system shows that this projected plan of the correlations of branches of scientific research in insanity at this Institute is still not completely developed.

We have seen some of the natural shortcomings of psychiatry, inevitable in the evolution of its progress; let us now behold the greatness of its future.

The Pathological Institute

It would be a carping and disrespectful form of scientific *lese majeste* to point out these shortcomings as a stigma on the name of psychiatry, for it is truly destined to be the most majestic of all the biological and medical sciences.

These shortcomings of psychiatry only serve to show the greatness, comprehensiveness and difficulties of the science. The other sciences in medicine and biology are elementary beside psychiatry. They are but stepping-stones to psychiatry and psychology. For the two are synonymous in studying the abnormal phenomena of consciousness. Psychiatry should never be so narrowly viewed as being tied down only to *insanity*, but to abnormal phenomena of consciousness in general, the domain of psycho-pathology. The study of abnormal manifestations of consciousness presupposes a knowledge of normal psychology while at the same time it is the only key to an understanding of normal mental phenomena.

It is not strange that psychiatry, the most difficult and comprehensive of all medical and biological sciences, has been one of the last to begin its scientific progress. Psychiatry has not lagged behind of its own accord; it has been held back and had no choice but to wait until its stepping-stones might be built. It has had to wait for the growth of psychology in general and psycho-pathology in particular, for cellular biology, pathological anatomy, neural anatomy, and their affiliated branches of research to attain sufficient development to cope with the difficult problems of psychiatry. When it is perceived how far these subsidiary sciences have had to develop before attaining the capacity to be of service to psychiatry, we can gain some idea of the eminence of psychiatry among the medico-biological sciences.

The spiritual trinity, psychology, psycho-pathology and psychiatry is destined to form the loftiest pinnacle of the temple of science. The scientific story of the rocks holds one spell-bound; the history of the egg or the mechanism of a tiny organism have their fascination; mathematics and the laws which command the courses of the stars are awe-inspiring, but none of these sciences or their allies have the grandeur or are so deeply and essentially

The Pathological Institute

human as the three sciences, psychology, psycho-pathology and psychiatry, for they unveil the greatest marvel of the universe, the human mind.

We may say with the great Scotch philosopher: "In the world there is nothing greater than man, and in man there is nothing greater than mind." A knowledge of mind, both normal and abnormal manifestations is the science of sciences.

Psychiatry for the short history of its existence has done its utmost with the imperfect methods at its disposal and is now looking for new methods to fertilize its soil, highly fruitful but difficult to till. The common run of neurologists and pathologists, in their mistaken nature of the true function of science, lose more and more sight of what lies beyond their microscopic field of vision. What is still sadder, they are absurdly proud of their narrowness, making a virtue of their shortcomings. They highly value the process of groping aimlessly in the dark for new details. It is only the best thinking men among them who begin to look for light and a broad horizon. The psychiatrist on the contrary, by the very nature of his studies, is forced more and more to broaden out the basis of his science. Nothing short of *a co-operation of all the sciences* is what psychiatry requires. The enlightened psychiatrist looks for an *organization* of the dispersed and dismembered parts of medical science. Fortunately this enlightened spirit found a foothold in the Commission and representatives of the New York State Hospitals, and for the first time in the history of medical science was an Institute established on a broad scientific basis, an Institute whose aim is to till the field of psychiatry by means of instruments and methods obtained through an organized federation of the most important and most vital branches of medical science. Such a federation will help the growth not only of psychiatry, but also of all the other branches of medical science. Science ought to be grateful to the psychiatrist for the mere fact that he is the first to call for a *general unified* activity of the many branches of medical science. For unification generalization means the discovery of *laws*, the true aim of science.

The Pathological Institute

SECTION 5

SOME GENERAL REMARKS ON THE ORGANIZATION
AND CONDUCTION OF THE INSTITUTE

1

ADMINISTRATION OF THE INSTITUTE—DUTIES OF THE DIRECTOR
AND HIS ASSOCIATES

The director of the Institute desires to express his thanks to the Commission for its sanction in lessening his burden of administrative work to a very great extent by providing reasonable auxiliary force, such as a stenographer, secretary to aid in financial matters and to carry out the purchase of equipment and supplies for maintenance, and also an assistant for the filing and business management of correspondence. It is not appreciated by the casual observer that the administrative work even with this aid is very great indeed, and further complicated by directing the extension of the work into the hospitals scattered throughout the State.

It is most important for the success of such an undertaking that the director be relieved as far as possible from the details of administration, lest it interfere with his capacity for stimulating and guiding scientific investigations, and his efficiency as a teacher.

In this Institute where one of the prominent features is to urge the investigator to record his observations and discoveries first hand without delay, the stenographer's services are of much importance. New ideas in science as in other activities of life wait as little as in the old adage concerning "time and tide." They should be seized upon as soon as conceived and put on record. In the satisfaction which two or three laboratory workers derive from finding the explanation of some knotty problem requiring a joint discussion from each of their specialized lines of research, the recording of the observations is often neglected or fatally postponed. Every worker at the Institute, however, has within

The Pathological Institute

reasonable limits, the opportunity of having the stenographer at his work table to record observations and data, and once on record they are filed in the laboratory archives until gathered together at the completion of the investigation for publication, or for future reference for comparison with other or similar investigations.

The administrative work is centralized in one office at the Institute. The details of this work are not essentially different from that of other laboratories embracing several departments of scientific research, and need not be presented. We know, however, that the application of the card catalogue system in both the administrative work and as the basis of the archives of the Institute, bestows a great advantage in system, thoroughness in recording details of investigation, and efficiency of the whole work of the Institute.

Outside of administrative work, the director of such a laboratory should exert his efforts to the utmost in correlating the work of his associates. His training should be so broad, if possible, as to enable him to be a central converging point of all the radiating lines of work of the Institute. He should stimulate comprehensiveness of thought in all investigations and strive to make the various branches of research overlap and embrace the intermediate domains of investigation, as indicated in the closing paragraphs of section 3. He should have the confidence of his associates and follow, as far as possible, each step of their researches and when his own knowledge fails, to suggest at this or that stage of the investigation consultation with related investigations on record in the literature, or advice from a fellow associate in another department of research. The director and his associates must occasionally, too, prevent or inhibit the energies of some of the investigators from flying off on a tangent as it were, into empty space, in plunging into complex problems presenting at the time being, inaccessible phases of investigation. One of his most important functions in fact is, by conference with his associates, his critical selection of themes of investigation and his judgment of un-

The Pathological Institute

promising provinces of investigation. A director, however, should be most careful not to disparage too hastily what may seem impossible themes of investigation and be reminded of the fate of Comte's prediction that the stars could never be analyzed, when the spectroscope was invented some few years later. One of the surest ways of being mistaken is to attempt to sit in judgment of what science may not achieve. Still it most often happens that the novitiate in the laboratory has an eager enthusiasm to attack the most inaccessible problems in science, and at times will show a rare choice in picking out fields of investigation which lie even beyond the outposts of the advance of science. In such instances the director and his associates, while exercising due regard for the predilection for some particular research of the beginner, should always have a number of themes of a comparatively simple nature at hand to substitute for these impracticable pieces of work. In gaining the collaboration of the beginners or students—who it must be premised should have some general fundamental training and knowledge in science—the director and his staff should plan out some piece of research which shall be simple in that it leads to a definite end and may be followed out along a prescribed method of investigation. Pioneer work can only be entrusted to men of much experience and comprehensiveness of scope in science.

The scientific staff should also as far as possible advise students against attempting to follow out too many lines of investigation simultaneously, or of trying to accomplish a large complicated research which may be better finished by doing it in parts deliberately and thoroughly. A great deal of the energy of students in laboratories goes to waste by this attempting to do too much. The result is a mass of disjointed, or incompletely recorded observations, requiring repetition of work. Finally the student becomes lost in a wilderness of observations; he becomes discouraged with his work, and easily casts it aside to repeat the same result with some new case which attracts his fancy. With proper and vigilant guidance much of this misspent laboratory work may be avoided.

The Pathological Institute

The card catalogue system, rigid in keeping track of the distribution of material and the rule not permitting men to select what they choose at random from the valuable and carefully chosen collection of research cases, thereby ruining them, does much to avoid this waste of scientific energy. This is also avoided through the medium of the stated conferences of the director and his associates. For if a student, or even an associate, desires material for investigation, particularly in subjects in pathological anatomy, he is asked to advise the director as to what he proposes to do with the material, and whether his plan is such as to make good use of it, or is liable to ruin the value of the case to which it belongs. Then frequently the plan of investigating the material is presented to the conferences of the whole laboratory staff, and discussed from the standpoint of several branches of science, and a comprehensive plan of investigation mapped out. The student then feels a responsibility in being assigned to the work, and has more tenacity in clinging to the work until completed either for publication or disposition in the laboratory archives, for reference or comparison with other researches of other phases of the disease process in the future.

Pioneer work in the laboratory is necessarily accompanied by repetition; its fascination lies in the difficulties encountered and in the fact that it must grope out more or less in the dark and overcome unforeseen obstacles. The conventional methods of research in their strict routine scope of application often fail to overcome these obstacles, and the impotence of being tied down to one or two of these routine technical methods becomes very apparent. The province of pioneer work in science is the final reward of its votaries who are able to look out beyond what seems the ideal and proscribed limits of their chosen *ology* into the adjoining field of a correlated branch of science, and who have at their command a whole complex of methods which they modify and combine almost intuitively to circumvent the unforeseen obstacles which are constantly arising and bid defiance to the routine application of technical methods. Hence for instance in pathological anatomy particularly, the director should

The Pathological Institute

strive especially to prevent his fellow-workers from falling into the rut of relying on one, two or three technical methods of investigation to apply sweepingly in all cases of patho-anatomical investigation of the nervous system. In this department at the Institute, we have constantly endeavored to have our co-workers realize the great advantage of possessing a whole armamentarium of technical methods of investigation, particularly, in adding to the conventional methods of patho-anatomical investigation the more refined and delicate methods of cellular biology.

It is most important to widen the horizon of any worker in pathological anatomy by the powerful grasp of the great group of cytological methods of fixing and staining the material embodying the research. But it is not only a question of the acquisition of these cytological methods, as mere mechanical procedures; one must endeavor also at the same time to inculcate a *trend of biological thought* in medical sciences generally, and in patho-anatomical investigations in particular.

All through this text in the investigation of insanity and of medicine in general, the value of correlating several branches of investigation, bringing into use the neglected intervening fields of investigation, has been given an emphasis and a repetition which, in the near future, may well enough seem quite unnecessary; but it should also be held in mind that an intelligent *correlation of all of the methods of investigation* in any particular branch of science, is just as important as the conjugation of the several departments of science themselves.

The future advances of pathological anatomy depend largely on the application of cellular biology, and no one can expect to make much progress in any branch of research without a comprehensive knowledge of the methods of cellular biology. We have, therefore, cherished the expectation of making *cyto-pathology* a prominent feature of the Institute. The patho-anatomical investigation of the nervous system above all other tissues of the body, requires the command of a variety of methods.

The director and his associates should also divert into more useful channels the enthusiasm not infrequently manifested by the younger workers in the patho-anatomical department of the

The Pathological Institute

laboratory, of attempting to discover new methods of investigation before thoroughly familiar with methods already in use.

These men fritter away time by following some will-o-wisp idea of discovering a new method of staining sections by chaotically mixing together members of the one hundred or more dye stuffs used in microscopical technique without knowing exactly what they are doing or striving to attain, by the use of the new combination. They seem to expect to make some discovery in technique by sheer accident, whereas they might better learn more of the existing methods and accomplish something by putting them into execution. New methods are the milestones announcing the advance of science. Methods of investigation are the fundamental basis of science and the very nature of science is to change and reject its methods and continually find more efficient ones as well as to rearrange its facts and classifications; but, as far as my observation goes, the discovery of the valuable new methods seldom comes by sheer accident, but are evolved by the experienced masters to overcome some obstacle in their investigations which defies the grasp of existing methods.

One feature among the duties of the director and his associates seems to me so important that it deserves especial emphasis; at least it has become a guiding conception of the work at our own Institute. This consists in confining research to itself to some carefully chosen case. The case, say for instance, in the Department of Pathological Anatomy, must be critically selected. It should then be worked up thoroughly, and be followed out in all of its ramifications in the other departments of the Institute, such as cellular biology, physiological chemistry, psycho-pathology, etc. One case critically selected and investigated to the utmost, is worth more by far for the elucidation of scientific generalizations and laws of the life history of disease processes, than fragments of researches undertaken at random on several cases, which have been incompletely studied as a whole, as for instance, in the fragmentary examinations of autopsy material which has a defective clinical history in which the specimens have not been compre-

The Pathological Institute

hensively prepared. Trite as it may seem, the extensive, thorough and comprehensive investigation of critically selected cases is most important for the execution of good and valuable scientific work in a laboratory of this kind. While theoretically this plan might seem simple enough to carry out, in practice, many difficulties present themselves. The success of the plan depends largely upon the personal efforts of the director and his associates. The judgment of the selection of the cases for profitable research must largely come from them. They must plan out and guide the work, not only in the beginning, but must keep track of its whole course and continually broaden it out. They should also be keen to suggest at every turn in the investigation the application of the experimental method to corroborate or interpret the findings as the work progresses; they should interest associates in other departments in the case, and prevent their interest from wandering away lest the investigation of the case remains unfinished. The staff must also prevent these carefully selected cases and their extremely laboriously prepared material from being ruined by investigators by picking out specimens here and there and consuming them for some purpose in no wise connected with the premeditated plan of investigation. If this happens, the case is then incomplete, and sorely injured in its value for rigidly complete and thorough examination. The card catalogue system of keeping track of the specimens and their preservation, minimizes the vandalizing of our valuable cases, and happily the dangerous privilege which workers in a pathological laboratory enjoy of helping themselves at random to any material on the laboratory shelves is fast disappearing at this Institute.

A director, with these manifold duties, will have little, if any, time for individual research. Notwithstanding the temptation of carrying on or completing researches which years of work and experience have fitted him to undertake, he should be eager to give up these lines of work to his associates, and be rewarded by seeing the work fulfilled. He is not faithful to his duties in reserving any ideas or conceptions of investigation for himself.

The Pathological Institute

They should be immediately handed over to his colleagues. His time is wholly for the advance of the work of his institute, and little, if any, can be subtracted for the prosecution of his own themes of research, however important they may seem.

As in all other departments of the Institute, autopsies and cases for study in the Department of Pathological Anatomy, or rather cyto-pathology, are selected qualitatively rather than quantitatively. We have chosen comparatively few of the cases out of the opportunities of the comparative large number presented. Autopsies are chosen, as a rule, only when furnishing a critical selection of some theme for research; the clinical history must be reasonably complete and the autopsy thorough. We have, therefore, made relatively few autopsies. But when a case does afford opportunities for research in presenting some particularly valuable and approachable phase of the process of disease, or may explain a carefully observed set of clinical or psycho-pathological phenomena, the autopsy, then, is most comprehensive, and is carefully planned out. The autopsies in such cases requires, at times, three and four hours' work, involving dissections of the ramifications of the sympathetic nervous system, the spinal and cranial nerve ganglia, the sense organs,* the peripheral nerves as well of all the viscera and organs of the body, and also when necessary bacteriological and chemico-physiological investigations at the autopsy. After the completion of the autopsy, it not infrequently happens that ten and twelve hours further work is necessary in preserving the material by a diversity of methods.

At this Institute, not infrequently the more important autopsies have been performed, and the great majority of the material, some fifteen thousand specimens, have been preserved by the director in detail, in order that we might feel assured that the cases might escape the fate of being accessible only to some single restricted method of investigation, and be open to the application of a diversity of methods so imperative for the investigation of the nervous system.

* Research work in the embryology, normal and pathological cytology of the retina, cochlea, and related structures, has been planned out at the Institute in conjunction with Dr. Ward A. Holden of New York city.

The Pathological Institute

The director and his associates should have a fund of themes of research work ready to be developed by extension among our colleagues in the hospitals. They are to guide this work and to carefully select and stimulate enthusiasm for work in their particular lines of research. They are to be alert in combining their lines of research with other departments in the investigation of any case or subject. The correlation of general disease processes with those of the nervous system should not be neglected in any case for investigation. They should formulate plans of work for discussion at the conferences, and if they discover any conception of work that is far-reaching in leading to great generalizations and laws, such a conception of a line of research should be extensively applied even to individualizing the character of the Institute. Such an enormous amount of work is opened up by this new epoch in neuro- and psycho-pathology that we should be most eager to gain as many well-trained disciples within the hospitals as possible, and distribute the work among them.

The Pathological Institute

2

SYSTEM OF PRESERVING DATA, RECORDS AND DETAILS OF THE MATERIAL FOR SCIENTIFIC INVESTIGATION. THE ARCHIVES OF THE PATHOLOGICAL INSTITUTE

The amount of detail to the work of a large Institute possessing as many different branches of research as this center of investigation for the State hospitals, is very great indeed and can hardly be suspected by the casual observer. Each detail in a whole complicated process of investigation, extending over a period of months, is of the utmost importance, and often when once lost track of, it is like destroying the power of the chain by taking out a link. The most minute detail in the complicated chemical manipulation of preserving a tiny fragment of the brain for microscopical investigation, if carelessly or unsystematically recorded, may vitiate the accuracy of the whole result. It is therefore clear that much of the laboratory work will be lost unless some strict and efficient system is undertaken to record the data, so that they may not only be accessible to the investigator himself, but to his colleagues and to those who would re-examine the details of the investigation. In fact we may say that system, and a comprehensive one, to record all details of scientific work, is the most important and fundamental factor in the practical working of the whole institution. The necessity for systematized record of scientific work has become recently more emphatic than ever in laboratories pertaining to medical subjects, because modern methods of investigation have become so complex and extensive. However brilliant a scientist may be, he is sure to find sooner or later that some piece of work is seriously compromised in its value by inattention to the recording of the detailed data of his methods of investigation. These details of technical methods are more or less drudgery and do not embody the really intellectual part of the research work to any great degree, but a concise record of them is all-important in guarding against loss of time

The Pathological Institute

and confusion. We have insisted, therefore, that all work done at the Pathological Institute must conform to systematic recording of the data concerning the detailed methods of experiment, preservation of material, application of special instruments or apparatus for experimentation, etc.

The solution of this problem of systematizing the records of scientific work has been found in an application of the card catalogue system. For some three years a solution of this problem has been deliberately studied, and certain modifications of the card catalogue system, as used by librarians in the classification of books, has been finally perfected, through the labors of the director, Dr. Henderson B. Deady and Miss Marie Onuf, so as to be of practical application.

This card catalogue system affords a practical solution of the question of securing permanent records of all the details in the prosecution of scientific work. The records in this card system form the basis of the Archives of the Institute. Investigators at this Institute understand and cordially support the view that their data are not to be made in unsystematic hieroglyphics for personal use, but as permanent records made in a uniform way for the benefit of the whole Institute, and accessible to other investigators. When an observation is made, it has a permanent record on these cards and is not put down on odds and ends of memorandum sheets, to be inaccessible or lost when wanted in the future. These cards also do away with the use of odd lots of note books, which interfere with the insertion of consecutive and continuous sheets containing new addenda to the original observation. Each desk is provided with a card catalogue drawer, so that when work is done at the Institute it is on permanent record and its value is not lost, if the investigator is interrupted or unable to finish his research.

In these days, when the study of the nervous system requires correlation of so many branches of science and research work has to be apportioned out among two or three investigators, whose fields overlap, and who are constantly comparing the data secured by different methods of investigation, some such system as we

The Pathological Institute

have devised by the card catalogue plan, is absolutely indispensable.

I can only touch upon the importance of this systematized prosecution for scientific work, and give its details in the briefest outlines. A concrete example is worth more than generalizations.

The details of preparing the brain for microscopic study now-a-days are simply bewildering. New methods of preparing the brain for this or that specific object for demonstration under the microscope, are published in the journals almost every month. The most complex reactions in the whole domain of chemistry are involved by the preservation of the brain. When that organ is being prepared for microscopic study, it must pass through a score of manipulations, and the details of each are absolutely essential. After the sections are cut by delicate machinery, these are subjected to the complex chemical reactions between a great host of aniline and other dyes, and the substances composing the brain. Now by modification of the card catalogue system, all of these details are recorded for every single tissue and portion of autopsy material which comes to the Pathological Institute for microscopic investigation. We hold that no one is justified now-a-days in publishing results of investigation of the nervous system, without providing for the contingency of being called upon to explain his methods of investigation down to the minutest detail, if necessary.

Fifteen or twenty years ago, the pathologist was not beset by such a task as prevails to-day in the preservation of nervous diseases for microscopical study. He had but one fluid for preserving the brain, and after three or four months immersion in this fluid, he could at his leisure, color the sections for microscopic study with but half a dozen methods of staining at the outside. Notwithstanding the drawbacks of an inefficient force in the department of pathology, and the task of organizing the Institute itself with all of its departments, some idea of the amount of work done in this brief period can be realized, when it is known that five hundred autopsies have been made in this time, and that

The Pathological Institute

each autopsy has given rise from twenty to five hundred specimens, each one requiring an individual treatment, an individual flask for preservation, and individual card, with a complete record of its details of preservation. There are, in brief, some twenty thousand specimens in this Institute, and each one has been carefully treated like a book in the library; each one is in a separate flask with a number, and that number enables the investigator to consult a card containing all the details of its process of preservation.

This large task in keeping the records of this material has been accomplished by Miss Marie Onuf, Archivist of the Pathological Institute. In addition to this, all records pertaining to the clinical history of the individuals relating to the autopsy material, are filed away with the same systematic care. When, generally after conference by the general staff of the Institute, the value of a particular kind of research in a given case has been prospected, and the material turned over to an individual investigator, the same system of card catalogue record is followed out in all of his manipulation, so that whatever work is done on the case is not lost.

The departments of Physiological Chemistry, Bacteriology and Cellular Biology make use of the same system for recording their data, and the final disposal of them into the *permanent archives* of the Institute, with all of the associated exhibits for permanent collection, is accomplished by the Archivist, Miss Onuf.

The Pathological Institute

3

LIBRARY OF THE PATHOLOGICAL INSTITUTE

The library is an indispensable adjunct in a large institution of this kind, but it should be a working library and not be permitted to become a luxury by attempting to be the complete depository of all works related to the varied branches of sciences in use at the Institute. It should contain the standard textbooks and the standard works devoted to technical methods of investigation. The departures in the modern investigation of the nervous system are so radical that books of two decades ago have largely a historical interest only. The number of journals, however, in such a library, should be reasonably complete.

The library contains about 1,500 volumes. Considering the diversity of subjects, corresponding to the diversified lines of scientific inquiry at the Institute, it has not yet reached the limit of a useful working library, in contradistinction to a library which might overstep this limit, in buying books, which more properly belong in a large general medical library such as that of the New York Hospital or the New York Academy of Medicine. Investigators at the Institute have the library of the New York Academy of Medicine at hand, through the courtesy of its librarian, Mr. J. S. Browne, to consult works, which, in our own library, would be a luxury and useful only for occasional and desultory reference.

The library has some sixty journals, largely devoted to pathology, but also to the interests of psychology, physiological chemistry, and cellular biology, anthropology, etc. In several instances, I have advised the purchase of the back numbers and whole series of authoritative and standard journals, more particularly devoted to the anatomy and pathology of the nervous system, and to the investigation of mental diseases, but this is the exception to the rule. The great majority of our journals date back but three or four years, and in many instances the subscriptions have been begun during the past year only.

The Pathological Institute

The preservation of this library requires in the first place systematic management. To make its utility also most serviceable to the investigators at the Institute, Miss Amalie Busck, the librarian, undertakes the work of collaborating with these investigators in exploring the literature of their particular field of research work, and of preparing the briefs for discussion of contemporaneous work in the same line, for the published articles from the Institute. The card catalogue system is also used in the library. The current literature in the journals is sifted through by the librarian. The articles are thus arranged under headings of the subject matter and placed at convenient reference so that the investigators can be in touch with the progress in their own and allied fields of investigation.

The journals on file at the Instituté are also for the distribution of the State hospitals, and loaned to them as the occasion demands.

The library, therefore, is planned as the *central library*, especially in its *journal department for the whole State hospital system*, and the various staffs in the State hospitals may have the literature references on any scientific subject, which they have under consideration, furnished by the librarian from the journals. We trust, also, in the course of time, through the offices of the librarian, to send a monthly circular abstract to the staffs of the twelve hospitals, containing a brief of the conferences of the staff of the Institute, concerning the progress of their researches and its extension in the State hospitals, and also a summary of the recent journal literature in all departments pertaining to the scientific investigation of insanity. The librarian will also edit for the Institute an annual volume, to be entitled, "Contributions from the Pathological Institute of the New York State Hospitals," containing all the articles of the year, contributed by the staff to the Bulletin and other publications. Miss Busck also renders us the valuable service of revising the copy of all of the various publications from the Institute, and attends to their revision through galley and page proof.

The Pathological Institute

4

CONFERENCES OF THE MEMBERS OF THE STAFF AT
THE PATHOLOGICAL INSTITUTE

The intimate correlation of the various branches of research at the Pathological Institute by stated conferences of the members of the staff has been planned from the very beginning of the undertaking. The inestimable value of such a plan is perhaps too patent to require any detailed explanation. The more specialized medical scientific investigation becomes, the more important is correlation of these diversified lines of research. Otherwise one of the chief duties of science becomes impaired. For science does not consist alone in setting down the minutia of facts, phenomena and observation, but of ascertaining the law governing the cause of relationship of these phenomena and the building up of diversified and scattered facts into coherent theories and doctrines. In other words, science does not consist in the mere accumulation of facts, but must also take into account the classification and generalization of these facts in order that their meaning may be understood. Hence the great stimulus and broadening influence which an investigator in some detailed research always experiences in discussing his observations with a colleague in a sister branch of science.

The plan of maintaining stated conferences at a scientific institution of this kind, dealing with one of the broadest problems in science, accomplishes its greatest benefits in bridging over the gap or clefts between the boundary lines of different branches of scientific research.

The horizon of the pathologist expands wonderfully when the cellular biologist perceives that certain of the changes observed in the interior of a diseased nerve cell are indicative of starvation, and show that the cell is endeavoring to obtain more food. The biologist fortifies his interpretation of the alterations by showing that very much the same set of changes (migration of the nucleus to the periphery of the cell) occur in the behavior

The Pathological Institute

of cells in plants or even in the egg cells of earwigs and butterflies in assimilating food material. The pathologist then surely enough finds, what he may have overlooked before, that the blood vessels surrounding the damaged nerve cells have been narrowed down by disease process which, in turn, has deprived the cell of its full measure of food supply. The benefit of a joint discussion of the investigation, however, is mutual, for the cellular biologist perceives the great value of understanding the normal mechanism of the cell microcosm by studying it in the abnormal condition. The observations of how the cell behaves in the lower form of animals in assimilating food material, obtains a further confirmation in the behavior of the nerve cell, when nature has made an experiment in the cell under the disease processes of insanity, by lessening its supply of food. This casual illustration shows, nevertheless, the fundamental benefit of correlating work in different branches of science and bringing about an overlapping of their individual fields.

Psychology and psycho-pathology, in particular, has exerted a most stimulating influence upon the work of all these departments of the investigation of insanity. These sciences have shown, more than any other, that the high lenses of the anatomist or the molecules of the physiological chemist do not give us the ultimate explanation of insanity, nor can we expect at present to indicate some change in the brain with the microscope and point it out as the explanation of some particular form of insanity. In fact, in many forms of insanity and in many mysterious phenomena of disordered consciousness, we are not to expect to find any changes in the brain, beyond the mere retraction of the arms (or neuraxones) of assemblages of nerve cells, so that they are thrown out of gear with their companion groups. The same sciences correlated with cyto-pathology by regarding more the function of the cell have furnished one of the most fundamental principles of general pathology and particularly of the pathology of the nervous system. By further elaboration of the principle

The Pathological Institute

of energy, psycho-pathology has furnished a ground for a more rational apprehension and classification of nervous and mental diseases.

The conferences are to be held at monthly or bi-monthly intervals in the library. Each member of the staff presents the progress of his work in the interval, and it is discussed by his associates. The progress of the work extended into the hospitals is discussed and its future plans mapped out. After this topic is finished, the literature pertaining to the several departments is discussed, each associate giving a summary of the new literature in his department. I trust in the future to extend this matter of conferences to the scientific staff in having a brief of the minutes sent to the associate workers among the hospital staffs. These minutes containing as they do a discussion of contemporaneous work in the literature in the several branches, together with the progress of our own independent studies, ought to stimulate the scientific zeal among the members of the hospital staff and make continuous progress in gaining disciples in extending the plans of work of the central Institute.

CENTRALIZATION OF SCIENTIFIC INVESTIGATION OF
THE INSANE IN A SINGLE INSTITUTION

Where several hospitals for the insane are united together under a common system, as is the case in this State, the value of centralizing the scientific work is obvious. It has been shown that the planning of scientific investigation in the hospital itself may accomplish valuable work, but this may be liable to deprive the work of a comprehensiveness that materially detracts from its full benefit and practical utility in giving an understanding of the whole life history of insanity. Moreover, from the economic side of the question there is a very great advantage in bringing the scientific investigations together under the direction of a staff of scientists, working in several specialized though affiliated directions. If each of the hospitals were provided with a salaried scientist, the expense would be very much greater, indeed, than by the plan of centralizing the work. Finally, if each hospital were to attempt to do independent scientific work, it would require the services of more than one scientific investigator, and in order to do the character of work demanded from recent advances in science, a whole staff of scientific investigators would be required to correlate studies along several lines of inquiry. Expensive apparatus would also have to be duplicated in the several hospitals. The cost would be enormous.

Another very great value of centralized scientific work in addition to economic considerations, is that which accrues from *uniformity of methods of investigation* in the extension of work from the central institution, and from a division and correlation of the work among the staffs of the hospitals with systematic direction of the entire undertaking.

The Pathological Institute

6

EXTENSION AND COLLABORATION OF SCIENTIFIC
WORK IN THE STATE HOSPITALS

Patience must be exercised in expecting work to issue from the staffs of the State hospitals along all of these complicated lines of scientific investigation. Work cannot be expected to come forth from the State hospitals, simply because a Pathological Institute has been brought into existence, and especially before this Institute has had time to become developed, equipped and organized and to map out its own lines of work. Research work in the State hospitals—unless it originates there from the mere stimulus of the inauguration of the Institute—and it is most gratifying to announce that this has been the case—must grow and develop. It cannot be made to order or be brought forth by *fiat*. The methods of investigation in all these branches of science are most intricate and cannot be learned in a day or a month.

The members of the staffs of the hospitals must be seen personally by members of the Institute, their predilection for some particular branch of research work ascertained and their training and fitness to follow out the methods of investigation of the research inquired into. The whole plan of work must be deliberately discussed, lest it end in failure. Any one who is learning complicated methods of research must expect to profit by his failures in using these methods for the first few times. It is by these failures that he will gain a judgment in continually modifying these methods in overcoming unforeseen obstacles, and attaining definite objects at the end. In short, he must acquire experience; and experience cannot be gained without passing through a series of mistakes. It is most important for the members of the Institute to advise with the members of the staff of the hospitals in the selection of themes of research which at first at least must be comparatively uncomplicated, and lead to some definite goal, instead of indiscriminately plunging into problems

The Pathological Institute

so complex as to baffle the keenest perception of scientists of long years of training.

The Institute, when finished, will make everything subservient to instruction to the members of the staffs whenever they have the opportunity of visiting the Institute. Visits of the hospital staffs to the Institute for instruction should embrace a considerable period of time, at least from three to six weeks, and even longer, if possible. In this way we expect to slowly gain disciples throughout the whole State hospital system, and to keep up an intimate organic interchange between the Institute and hospitals by visits of the members of the Institute during the progress of the work in the hospitals.

Sixteen members from the staffs of the hospitals have already received instruction at the Institute. Unfortunately during these past sixteen or eighteen months it has been simply impossible to stop the work of developing the Institute to furnish instruction to these men satisfactorily. Owing also to the fact that the Department of Pathology offers the best opportunity for research work to the members of the staff of the State hospitals, and owing also to the lack of a sufficient working force at the Institute in the Department of Pathology, I have had recourse out of private means to secure the services of Dr. J. E. Clark of Boston to furnish instruction in pathology and anatomy of the numerous systems to all of the physicians of the State hospitals.

Up to the present time 16 members of the staffs of the State hospitals have received instruction in various departments of the Institute, as follows: Utica State Hospital, 2; St. Lawrence, 4; Binghamton, 4; Hudson River, 1; Rochester, 1; Long Island, 3; Manhattan, 1. The majority of these men received instruction in specialized technical methods, in physiological chemistry and in the normal and pathological histology of the nervous system. Particular stress was embodied in the instruction in pathological anatomy, in inculcating a comprehensive and practical working knowledge of methods of preservation and staining of the nervous system, in accordance with the most recent

The Pathological Institute

developments in cellular biology. Efforts were also made to show the great importance of making autopsies with the utmost comprehensiveness. Dr. Harlow Brooks gave practical instruction, when possible, in making his own autopsies, at several of the general hospitals in New York city, to which the Pathological Institute has access. The privilege which the Institute enjoys of gaining limited access to autopsy material in the acute general hospitals in New York city is due to the fact that one or two of its associates have university connections, which permits them to secure a certain amount of this very valuable material for the benefit of the Pathological Institute.

Instruction in psychology has been somewhat hampered by the unavoidable delay in the equipment and general organization of the psychological and psycho-pathological laboratory. Nevertheless two of the sixteen members of the staffs of the hospitals have received special instruction in the methods of psychological, and especially psycho-pathological research for the investigation of insanity. A very important case, under the charge of Dr. White, was brought from Binghamton State Hospital to the Pathological Institute, and was studied under the guidance of Dr. Sidis. The results yielded by the investigation are of extreme value, both from a theoretical and practical standpoint. This valuable research will appear in *The Archives of Neurology and Psycho-pathology*.

Investigation along the lines of physiological chemistry, more especially as applied to the investigation of epilepsy, is in progress under Dr. Bookman's direction at St. Lawrence, Binghamton and the Hudson River State Hospitals.

Investigations in the field of pathological anatomy are in progress at the Utica and St. Lawrence hospitals, and is next being planned out as fast as time permits at the Buffalo State Hospital.

Research work along anthropological lines of investigation has been carried out in all of the State hospitals by slow degrees for the past year. This extension of anthropological work in the State hospitals, however, is as yet on a somewhat tentative basis;

The Pathological Institute

for it is largely of a pioneer character and quite without precedence as a guiding basis.

In the extension of scientific work in the State hospitals, the value of collaboration with the general profession in the district of the hospital, should not be lost sight of. The same spirit of collaboration with the medical profession that animates the Institute should also govern the work in the State hospitals. The neurologist and the general practitioner should be stimulated by the hospital staff to bring their material from autopsies to the hospital laboratory, and have the material investigated there, with a view of conjoint publication. The scientific workers in the State hospital staff should exert their efforts to bridge over the highly artificial gap that separates the science of bodily pathological processes from that of nervous diseases and the study of mental maladies. *All three of these studies must be investigated hand in hand*, otherwise there can be no comprehensive understanding of the disease processes in general, and of those associated with many forms of insanity in particular. The following illustration may serve as concrete example. One of the State hospitals is in possession of some autopsy material showing the effects of poison upon the nervous system of an unborn child, which was brought to the hospital laboratory by one of the specialists of the neighboring city. The investigation of such material as this touches at the very heart of one of the greatest problems in insanity, namely, the preparation of the brain for the invasion of insanity long before the child has reached adult life. In another instance an exceedingly interesting example of the early changes in the nervous system, going hand in hand with a purely nervous affection, was brought to one of the State hospitals branch laboratories. While this material relates to a nervous disease that does not involve the upper spheres of the brain, it is still of the utmost importance in throwing light upon the operations of the pathological processes associated with insanity. This is so because the lowest parts of the nervous system are built up in precisely the same fashion as are the higher parts, except that they are less complexly arranged, consequently

The Pathological Institute

nervous diseases which involve these lower parts of the nervous system are more simple to understand. Having gained an explanation of disease processes in the lower nervous system, we may proceed from simpler conditions to the more complex ones, and understand similar disease processes in the higher centers.

It must be acknowledged, however, that the desire of the hospitals to have the members of their staffs gain instruction could not be conscientiously discharged before the Institute has completed its organization. The Institute must be organized first, and the extension of the work into the hospitals must grow and develop in natural sequence. Haste in starting off men in scientific work does not mean haste in accomplishing good results. We must, therefore, guard against being forced into the position of having the men start prematurely in complicated themes of scientific research work, lest the result prove a failure by lack of sufficient experience with complicated methods of investigation. Moreover it is simply impossible to develop scientific work in the hospitals and the Institute simultaneously in the very beginning of our efforts, which in themselves are somewhat of an innovation, and have no precedence that I know of, by following which we could have made more haste. Any one who has had experience as a lecturer and teacher in the more purely scientific side of medicine, will have learned that the enthusiasm for scientific work in some students must be aroused by personal stimulus and encouragement, not only in the beginning, but in the middle and at the end of the work, and that the enthusiasm of other students who naturally wish to plunge into the most complex problems, not realizing their difficulties, is to be curbed and moulded into simpler channels. Scientific work cannot be made to order, nor can it be accomplished by giving a few general directions, or by having one learn the bald details of some technical method. Nor can we expect that even when the student has gained experience in given methods of investigation he can suddenly evolve the experience necessary to interpret his results. It requires time, experience and hard work. There is no short cut to the extension of this work in the hospitals.

IMPORTANCE OF COLLABORATING WITH THE GENERAL MEDICAL PROFESSION IN RESEARCH WORK AT THE PATHOLOGICAL INSTITUTE.

It is to be understood that the Pathological Institute is for the benefit of the State hospitals themselves, but as intimated all through this report, the benefit derived by the hospitals in the scientific investigation of insanity, is materially decreased by not taking into account research work into subjects lying outside of the sphere of the hospitals. Inasmuch as many of these subjects relating to the indirect cause of insanity and diseases of the nervous system generally lie in the hands of the general medical profession, it is most important to co-operate with its members, for broadening out the scope of the Pathological Institute. The very first phases of insanity and the autopsy material showing the effects of general body diseases upon the nervous system are not fully accessible to this Institute without a certain amount of collaboration with the general medical profession, and particularly with those who have clinics and university positions. For this reason, scientists among the general medical profession, not necessarily connected with the State Lunacy System, ought to be welcomed at the Pathological Institute, particularly when they bring or control material or cases for investigation, related to the study of insanity. This should be encouraged, when it does not take up too much space at the Institute, or interfere with the plans of it for carrying out instruction to its constituents or aiding them in their scientific work.

The importance of collaborating with the general medical profession, and with its members having university positions, may be seen in a specific example of the many themes of investigation brought to the institute by the general profession.

About a year ago, Dr. S. P. Goodhardt, Assistant in the Department of Neurology, at the Vanderbilt clinic, of Columbia University, becoming interested in the work of the De-

The Pathological Institute

partment of Psychology, at the Pathological Institute of the New York State hospitals, brought to our attention a case of so-called double consciousness, in which, as it were, two individuals were alternately dwelling in the same man's mind. This case was studied uninterruptedly for weeks and weeks, and at the completion of a years' work on the theme, Dr. Sidis' researches are now the most complete presentation of the subject on record. This single example of the valuable character of the cases which may be found by collaborating with members of the general medical profession, deserves a special emphasis, for it is without exception the most important piece of work that has been accomplished by the Pathological Institute. The value of the case lies in the fact that the study which it afforded for the splitting off of the associations of consciousness is of fundamental importance in understanding the phenomena of insanity. The details of this wonderful case, and the remarkable conclusions that its study led to, is to be found in the published communications from the State hospitals and Pathological Institute, in the Archives of Neurology and Psychopathology, for 1898.

RELATION OF THE PATHOLOGICAL INSTITUTE TO
THE OFFICIAL ORGAN OF PUBLICATION OF THE
STATE HOSPITALS

The great majority of the scientific papers of the Institute are published in the State Hospitals' Bulletin, the official organ of the State hospitals. We must here express our regret that the Pathological Institute found itself rather encumbered by this official organ. It was originally intended that this organ should represent the scientific work of the State hospitals; soon, however, the whole burden of responsibility of publishing fell on the Institute. Now it must be clearly understood that the Institute is established for the carrying on of scientific work in relation to nervous and mental diseases; it is purposed to be the scientific center of the State hospitals. Scientific work, however, as any one can clearly see, cannot possibly be made to order; it cannot be manufactured and turned out as ready-made articles from a factory regulated by an automatically working steam engine. The result, therefore, was that the pressure on the Institute was too great to bear. The speedy manufacturing of ready-made articles for the scientific market proved to be a great hindrance, an obstacle that was partly overcome only by a combination of fortunate circumstances. On the whole, such a condition of things causes *haste* in work—the bane of scientific research. Science is like an organism, it cannot be made great by the command of “hurry up.” It must have its time to grow and develop. The fact is that the official organ of the State hospitals was started in the anticipation of the scientific center, the Pathological Institute, so that when the latter came into being it found on its hands a burden. It had to supply at once scientific material which, from the nature of things, required time for elaboration.

Important problems anticipating the renaissance in the scientific investigation of insanity, the solution of which would have made this center famous as well as the very organization of the Insti-

The Pathological Institute

tute had to be ruthlessly cast aside by the premature demands to supply material for the official organ of publication. The Institute should have been allowed at least to become organized first, then in due course of time, the inauguration of this organ would have been appropriate. Premature issue of this organ has been a case of "more haste, less speed" as far as the Institute is concerned, and has retarded its development.

To create an organ and ask for scientific results before the scientific center and its departments are well organized and established, and time given for growth and development, especially as the whole institution is a departure from the beaten tracks, is just as reasonable as holding open a basket and demanding that it be filled with fruit even before the germ of the tree is planted in the ground.

The Institute has lost much from this obstacle, but it has survived the ordeal, and is now ready, after two years of this interruption to its growth, to do the work demanded at its birth.

RECOMMENDATIONS TO THE COMMISSION

The director of the Institute very earnestly recommends to the Commission further patience in allowing the work of the Pathological Institute itself and its extension into State Hospitals to take its natural course of growth and development. It is further recommended most urgently that additional working force be provided for in the Department of Pathology, in at least two associates. Inasmuch as the sums expended in the first two years have largely done away with the factor of permanent equipment in apparatus and furniture, not requiring any extensive replenishment in the future, the budget for the ensuing year will be considerably smaller. This budget will resolve itself principally into maintenance and salaries. I have, therefore, waited until this lowering of the expenditures might occur, in order to ask for this indispensable increase in the working force of the Department of Pathology, and have the further reason for believing the time appropriate for this request, in that the Institute will shortly complete its organization and be ready to put forth some of the results of its researches in publications, which it is thought will fully justify the importance of its work.

In the sections devoted to pathology, bacteriology, and physiological chemistry, and in the paragraphs under the heading of experimental pathology, and the investigation of the blood in insanity, I have endeavored to show that the task of expecting a single associate with a limited time at his disposal, of covering all of these fields is impossible; and that the subdivisions of pathological research in insanity constitutes such specialized and extensive fields that additional associates ought to be provided for to take charge of the work pertaining to these fields. One of these new associates should take charge of the subdivision of general pathology and its relation to the nervous system; a second should take charge of the field of experimental pathology, including the investigation of the blood in the insane. The third subdivision of pathology, namely, the special pathological anat-

The Pathological Institute

omy of the nervous system, is already provided for by the present associate in pathology, Dr. Bronislauf Onuf. I have the less hesitation in recommending this additional force in the Department of Pathology, because we have but one active associate in this field, whose allowance of \$500 a year is certainly a minimum. The duties of the chief associate in pathology, as previously explained, give him but little time for the prosecution of research work. In addition to his aid to the director in the general duties of the laboratory, demands are also made upon his time in his capacity as one of the editors of the Archives of Neurology and Psycho-pathology (the official organ of publication of the hospitals and the Institute), as well as giving instruction conjointly with Dr. Clark, especially in pathological anatomy.

The director would also respectfully request the attention of the Commission to a very important hindrance to the ultimate prosecution of scientific work in the State hospitals, by the Civil Service Law. Science has no exclusive allegiance to any particular state or country, nor do the abilities for scientific work depart from a man exactly three years after his graduation from a medical college. It appears, if I understand the matter, that when new men are added to the staffs of the State hospitals, to fill new vacancies among the internes, they must be residents of the State, and must apply within three years after graduation from college. This often bars out men of scientific training who would enter the State hospitals to pursue scientific investigation which they are trained and fitted to accomplish. The standard of the staffs in the New York State Hospitals is already high and most excellent, but the stimulus of the Pathological Institute and the facilities which it offers for scientific investigation cannot fail to exert an influence toward raising the standard of new admissions among the internes. Several would-be candidates for positions in the State hospitals, possessing specialized scientific training and who would enter the hospitals to avail themselves of the opportunities of the Pathological Institute, have been rebuked by these two rules in regard to the internes in the New York State hospitals. It seems very unfortunate when a

The Pathological Institute

man is known to give good scientific training, has an ability and an enthusiasm to do scientific work and to make use of the opportunities of the Pathological Institute in extending its work in the State hospitals, that he should be driven away because he is a resident of another state, and has spent perhaps longer than three years after graduation in attaining that proficiency in scientific work. I would beg the Commission to consider if there cannot be some modification made of these rules to welcome, rather than drive away, men who wish to do good scientific work in addition to their other duties at the New York State hospitals.† It would seem only just and certainly practicable to provide for the entrance of men with scientific attainments into the State hospitals, by testing their abilities in an examination additional to the one used for passing on the capacities for practical work in the hospital. When a man thus desires to apply for a vacancy in the staff of the State hospitals system, and claims ability to do scientific work, an additional examination should be given to test his scientific capacity. If he passes this additional examination, which would be both of a theoretical and practical nature, and thereby proves that he is fit to undertake scientific work, it is rather strange that he should not be permitted to enter the service simply because he resides in another state, or because his medical degree is more than three years old. In case of passing a successful test of the measure of his scientific capacity, these restrictions of the civil service certainly should, in such cases, be abandoned.

The director also begs to present the request to the Commission of according him support in the plea in extending the work of the Institute into the hospitals to have men more carefully chosen in their general scientific training when entering the hospitals.* Without such accessions to the hospital staffs, we feel that not only will the extension of the work into the hospitals be retarded, but the activities of the Institute itself will suffer in expending its time in supplying general fundamental scientific

* Vide section 2 for more detailed consideration of this matter.

† The Civil Service Commission has, since the above was written, modified its rule to permit the appointment of interres from outside the State.—COM.

The Pathological Institute

training, which a man should possess before expecting to take up specialized lines of research.

The consideration of the Commission is also directed to the subject of placing the associates of the Institute on a parity with the junior members of the hospitals' staffs in the matter of salary.* They should in all equity receive the equivalent of the salary and living expenses of the juniors in the hospitals.

We would further beg to enlist the attention of the Commission to the great benefit accruing to a more efficient scientific work by conservatively bestowing upon men of acknowledged ability who have collaborated with our associates certain honorary associations in connection with the Institute. Several gentlemen, some from the general medical profession, still others connected with the neighboring colleges, have brought most valuable material and themes of research to the Pathological Institute. We could never have secured such opportunities for research work without such outside collaboration from the general profession.† The profession has moreover in one department of the Institute, collaborated with the associates, and have given us the very opportunities we require for broadening out the scientific study of the insane. I have already given specific examples of the importance of the work, resulting from the investigation of themes relating to the indirect study of insanity from the sources outside the asylum; in one or two instances we have specifically related our indebtedness to auxiliary help from scientific men outside of our own staff. I therefore most urgently request that the Commission accede to the plan of the director, in granting honorary assistant associateships in connection with the Pathological Institute. These honorary connections with one or other of the several departments of the Institute shall not be granted unless published communications show the ability of the incumbent, and unless his future collaboration with the work of the Institute can be assured. Furthermore, we would suggest

* Vide section 4. Summary financial report for the statement of this subject.

† Vide Section 4. The importance of collaborating with the general medical profession in research work at the Pathological Institute.

The Pathological Institute

that the bestowal and tenure of the honorary associateships be at the discretion of the director and the associate in charge of the particular department sought by the applicant.

We would further call the attention of the Commission to the extreme overcrowding of the extensive and complicated operations of preserving much autopsy material and other specimens. All of these chemical operations incident to the preservation of tissues, are crowded together in a single corner in room 11, on a shelf five or six feet long (*Vide plan Room XI G*). This lack of space for the operations incident to preservation, has come about by the encroachment of physiological chemistry into this room, the whole of which was originally designed, and is needed for the technique of preservation. On the other hand, it is impossible to restrict the operations of physiological chemistry. If its space in room 11 be taken away to make room for preservation, the whole department of physiological chemistry is so badly hampered as to be very seriously crippled. I would beg to request, therefore, that an additional room be provided to make provision for this overcrowding, and would suggest that rooms 626 and 627 (drawn in skeleton outlines in the floor plan)* be secured, and that the contents of the storeroom, room 10, be lodged therein. Room 10 being then vacant, the partition H might be removed, and the important preservation operations have sufficient room. As it is now, three desks in the general laboratory, namely 9, 10, 11, are used for the preservation operations, and it is unfortunate that three desks in the general working laboratory remain idle as far as investigation is concerned, on account of this crowding.

* *Vide Appendix.*

The Pathological Institute

10

SUMMARY OF FINANCIAL REPORT OF PATHOLOGICAL
INSTITUTE FOR YEAR ENDING SEPTEMBER 30, 1897

The plan of conducting the finances of the Institute upon the monthly estimate system, has operated excellently and has contributed most vitally to the systematic management of all the departments of the Institute. It has also taught the various investigators to be beforehand and systematic in their requests for the great number of troublesome small items constantly required in the pursuance of their investigations.

As seen in the appended table, the total expenditures for the second year of the Institute amounted to \$38,297.

Financial report of the Pathological Institute, for the year ending September 30, 1897.

Disbursements:

	Maintenance	Equipment	Total
Estimate No. 1 (salaries)	\$4,999 94	.....	\$4,999 94
Estimate No. 2 (wages)	8,316 73	.....	8,316 73
Estimate No. 8 (books and stationery)	2,816 32	\$1,909 91	4,726 23
Estimate No. 10 (chemicals, apparatus)	2,712 19	2,837 43	5,549 62
Estimate No. 11 (miscellaneous)	10,597 85	4,106 63	14,704 48
	<u>\$29,443 03</u>	<u>\$8,853 97</u>	<u>\$38,297 00</u>

Outstanding obligations for equipment, unfinished or undelivered, allowed by estimates—(See total of October Sup. estimates, 1897) \$5,506 41

A large part of this sum has naturally been expended for the purpose of furniture, plumbing, alterations in the building, books, scientific instruments, glassware, etc., which, to a large extent, is to be regarded as permanent equipment, and does not need repurchasing. Hence the bulk of the expense of equipment has been canceled, and we may look to the future expenses of the

The Pathological Institute

Institute as being reduced only to the maintenance and salaries of its working staff.

I must take occasion to say that the combined salaries amounting to \$13,000, considering that it provides for a scientific staff of eleven members, and an auxiliary force of five, concerned with the administrative or other work of the institution, is a figure which should be considered most reasonable. Having waited some eighteen months for expenditures in equipment to be canceled, I feel that it is not inappropriate that this reduction in the expenses of the Institute ought, in part, to be re-applied in the salary list and to provide for an additional working force in the Department of Pathology. This request deserves attention all the more when it is remembered that with two exceptions, our associates receive but \$900 per annum. These men have spent years in arduous work, gaining a scientific training for their particular lines of research. They have logically educated minds to start out with, which makes scientific training possible and effective and they have gained a standing and a reputation in the scientific communities by their investigations and writings. It is most reasonable to ask that their salaries be put on the same plane as the juniors in the hospital staffs. The juniors receive \$900 per annum with a yearly increase of \$100 up to a maximum of \$1,200, and their living expenses included. Our associates have to provide the matter of living expenses in New York city out of the salary of \$900. They should certainly have the equivalent of the allowance made to the juniors on the hospital staffs. A further part of this reduction ought also to be applied in giving an adequate working space for the operations incident to the preservation of specimens and fresh autopsy material. If the combined salary and maintenance expenses do not exceed \$30,000 during the next year, or at the outside \$35,000, the sum should be considered well worth the object of its expenditure. Trained scientists are, as a rule, underpaid, but their services cannot be had for nothing, and the apparatus and instruments, incident to the prosecution of scientific work are frequently quite expensive. If such scientific institution were to

The Pathological Institute

narrow down its fields of research to some single line, its expenses might be materially reduced, but I can only repeat that such a method of planning a centralized Institute for the investigation of the insane in the great State Care System, in New York, would be wholly inadequate and entirely out of harmony with the whole broad scope of this system. There is but one way to conduct the plan of this Institute, and it must be upon a comprehensive basis.

While this financial statement relates to the second year of the Institute, it practically covers the first and most expensive year of its working existence, for previous to this year, the Institute was in existence only six months, and a large part of this time was occupied in choosing its domicile and making the preliminary arrangement of its working plan. The combined salaries amount to \$13,316.77, but this provides for the scientific staff of eleven members and an auxiliary force of five members, three concerned largely with the administrative work of the Institute, one assistant to the archivist, and one janitor, making a total force of sixteen individuals. Five thousand five hundred and six dollars and forty-one cents is left outstanding in this year's report, it having been allowed in the preceding year for furniture and other equipment which is not yet completed.

Let us now regard this expenditure of \$38,000 and see what experience elsewhere has demonstrated concerning the cost of maintaining efficient departments of research such as the Institute possesses. In one of the most prominent universities of the State, the maintenance of six departments of research such as the Institute possesses, namely, pathological anatomy, bacteriology, physiological chemistry, normal histology, cellular biology and psychology, costs over \$75,000. Allowing for the additional expense of teaching in these university departments, it must be acknowledged that the Institute from this comparison in expending but one-half this amount *has certainly organized its departments at a minimum of expense*. In addition to this contrast, it must be remembered that this sum of \$38,000 corresponds to the most expensive year in the development of the

The Pathological Institute

Institute, when the bulk of its permanent equipment was being paid for.

Scientific investigation is expensive, but it can be no longer neglected or retarded, as part of the great State Care System of the Insane in New York, without just criticism from the world of science as well as of humanity.

We may add in conclusion that from our report it may be clearly seen that the Pathological Institute of the New York State hospitals intended as the center of scientific investigation of the insane of the State has not overreached itself in attempting too great a diversity of departments of research; this diversified character of the departments is absolutely essential for its success. The Institute has been put on a solid and comprehensive basis at a minimum of expense.

Respectfully submitted,

IRA VAN GIESON.

The Pathological Institute

APPENDIX

PLAN OF THE INSTITUTE

The Institute occupies a portion of the sixth floor of the Metropolitan building, Madison avenue, and Twenty-third street, New York city.

This building was chosen because of the certainty that the indispensable factor of good light would not be interfered with, by new buildings arising in the neighborhood, inasmuch as the rooms for the Institute largely front the Madison Square Park. No other building in New York city, after a diligent search, seemed so conveniently situated with reference to the sources of autopsy material supplied from the surrounding hospitals and so favorably disposed for the admission of light and absence of dust.

The disposition of the several rooms and furniture may be best understood by reference to the appended ground floor plan.

Room I is occupied for the New York office of the Commission.

In Room II, the administrative work of the Institute is centralized.

Room III is a private laboratory for the director, and provides for the expenditure of such time as may be at his disposal, after administrative work is accomplished for the carrying on of scientific investigation and for conference with his associates on matters pertaining to scientific work. The room is also occupied by the chief associate in pathology, Dr. Deady, in both an administrative and scientific capacity.

Room IV is the director's office for executive business.

Room V is the general laboratory of pathology. It contains 18 work desks, most of them abreast of the windows, three of which are permanently occupied by associates in pathology, bacteriology and cellular biology. The remaining desks are at the disposal of the members of the staff of the State hospitals, when

The Pathological Institute

visiting the Institute for instruction or in the prosecution of the research work.

Room VI contains the library.

Room VII is the janitor's room and the storehouse of utensils and apparatus which he uses.

Room VIII is used by the Department of Psychology and psycho-pathology.

Room IX is occupied by the Department of Anthropology.

Room X is the supply room, wherein are stored a very large number of items in reserve supply and for the maintenance of the departments. It contains dyes and glass ware, microscopes when not in use, accessories of various apparatus, chemicals, etc., etc.

Room XI is the preservation room, and was designed for a dissection and whole extensive processes incident to the preparation of autopsy material. Physiological chemistry has taken upon a full half of this room, so that the work of preservation is badly hampered by being crowded and cramped. The operation is crowded off in one corner of the room, and as a result, these preservation operations have been forced in the general laboratory where they should in no wise be conducted. Three desks in the general laboratory are now in use for preparation operations instead of being given over to investigators. Among the recommendations I am constrained to ask that the whole extensive work of preserving material be not crowded into a small corner, but be given more room by extending of space.

Room XII is occupied conjointly by the Department of Bacteriology and Physiological Chemistry, the latter requiring extensive operations a large part of room XI, and encroaching upon the space which was designed for better convenience of preservation of material.

The appended key to the plan of the Institute gives the location of the furniture.



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The Pathological Institute

KEY TO THE ACCOMPANYING FLOOR PLAN OF THE
PATHOLOGICAL INSTITUTE, NEW YORK CITY, N. Y.

- Room** I. New York office of the State Commission in Lunacy.
- Room** II. Administration room of the Pathological Institute.
a, f and h, bookcases and letter files; b, telephone stand; c, d and e, desks of stenographer and clerk; g, desk, office card cataloguer.
- Room** III. Director's private laboratory.
I. Work table. II. Assistant's work table.
a, accessory work table for technique; b, writing desk; c, table for paraffin and sliding microtome; e and d, cupboards and bookshelves.
- Room** IV. Director's office.
- Room** V. General laboratory.
I to XVII, individual work tables.
a, table, two sliding microtomes; b and c, tables, with two paraffin microtomes; d and e, desks of archivist and preparateur and assistant, with files for histories and autopsy notes between; f, card catalogue of preservation and distribution of autopsy material; g g g g g g, shelves for preserved specimens; h, paraffin oven.
- Room** VI. Library.
a, librarian's desk; b b b, window stands; c c c c, book shelves; d d d d, reading tables; e e, files for current journals.
- Room** VII. Janitor's room.
a, table and cupboards; b, drain board, c c c, cupboards, lockers, with open shelving above; d, closet for brooms, mops, etc.
- Room** VIII. Department of Psychology.
a, desk; b b b b, cupboards, lockers and instrument cases; c c, work tables.
- Room** IX. Department of Anthropology.
a, desk; b, anthropometre; c, instrument case.

The Pathological Institute

Room X. Supply room.

Room XI. Preservation room.

a, drug counter for making stains and solutions for general use; b, shelving for stock solutions and dyes; c, table for chemical work; d, hood for general laboratory use; e, refrigerator; f, graded perculator with stop cock, with running alcohol and water attachments for making graded strengths of solutions; over the sink is a three-barrel copper tank for storing 94 per cent. alcohol; g, dissecting and preserving table, with stock solutions above and shelving.

Room XII. Department of Physiological Chemistry and Department of Bacteriology.

a, hood; b, common work table, with shelving and stock solutions in work bottles; c and d, tables for bacteriologist; e e, tables for chemist.

I. (in hood) steam sterilizer. II. Bacteriological incubator. III. Cabinet for sterilized apparatus and cultures.

CHAPTER 12

PERSONAL CARE OF PATIENTS

It is quite generally admitted that much of the modern improvement in the care of the insane has been due to increased personal attendance, both in quantity and quality. Formerly a troublesome insane person in an institution was restrained mechanically, and the devices were numerous and ingenious to restrict persons from doing themselves and others injury, and to prevent the destruction of property. The tendencies of insane persons are the same now as formerly, but by a more careful observation, and skilled personal attendance, their activities are directed in a manner that eliminates the need of mechanical restraint, and frequently applies their muscular restlessness to some useful occupation. Their activity is not restrained but directed, and frequently in a manner that reacts upon them pleasantly, and has a soothing effect, while the mechanical contrivances formerly used almost invariably had the effect of irritating the patient and increasing the restlessness.

This change is definitely shown by the data of mechanical appliances used in the care of 24,127 insane treated in the State hospitals during the past year. There were 73 different patients restrained by some method, usually of a mild form as compared with former methods, and for surgical and medical purposes only—never for expediency. It is occasionally found that the manual restraint by attendants, either from the patient's delusions or from some other cause, acts as a great irritant and increases the patient's restlessness. It then becomes a medical question which is always determined by a medical officer whether mechanical should be substituted for manual restraint. If the patients' bodily strength permits, they are given free use of

Personal Care of Patients

their muscles but are usually induced to expend their activities in some inoffensive way. It has been found that many of these patients become quiet and composed when they are not restricted. In cases requiring surgical care, where they persist in meddling with the surgical appliances, it becomes a necessity to restrain them; but this necessity is either too urgent to be overcome, or it is neutralized by the measure of acumen and skill shown by the physician and nurses in attendance.

It was chiefly from the lack of personal attention that the insane in almshouses, previous to the enactment of the State Care Act, suffered. The change to skilled observation and attendance was shown in improved habits and increased mental strength, leading in a number of well authenticated instances to recovery. As an illustration, when the insane were transferred from the almshouses to the improved care of the State hospitals, they were found, in some instances, unable to use a knife and fork in eating, many of them eating with their fingers, and a large proportion of them being addicted to the filthiest habits. Through the training and care they received from expert nurses and attendants in sufficient number, they returned to civilized habits. But it is chiefly in the treatment of the presumably curable forms of insanity that an adequate personal attendance of the most skilled quality is absolutely essential. Neglect in the early stages of insanity, even for a short period, frequently leads to chronicity and incurability. Therefore, from an economical standpoint, it is clear that no means should be withheld to facilitate recovery of the curable, as the incurability of a patient likely to be dependent means his or her support during insane life, which is shown to be an average of twelve years. In other words, an ultimate expenditure of over \$6,000 is saved the State in every case cured or returned to self-support.

It has been apprehended by the Commission that the high ratio of attendants needed for hospital care of presumably curable cases has been, to some extent, extended to other patients not requiring the same degree of personal attention. The skilled ser-

Personal Care of Patients

vice purchased by the State should be used with the same prudence and economy that is used in the application of stores and supplies. There is a natural tendency in institutions—a constant pressure upon the local government—to make the ratio of service uniform, and departmental emulation occasionally has the result of unduly increasing attendants in some lines of service. It is the conviction of the Commission, however, that there has been no marked abuse in this particular, although it may be possible to change the classification and organization in some hospitals in a manner to reduce the proportion of attendants without impairing the efficiency of the service rendered.

CHAPTER 13

LAUNDRIES

One of the most important of the several operative departments of a State hospital is the laundry. Upon its efficiency depends, to a great extent, the personal cleanliness of patients. Their mental weakness leads them to exercise less care in respect to their clothing and bedding than the sane individual, and in many cases neglect to control excretions requires frequent changes of attire. It is estimated that one insane person requires an average weekly laundering of twenty-eight pieces as compared with the laundering of sixteen pieces for the ordinary laborer or domestic. It will readily be perceived that in an insane population of 2,000 the amount of laundry work becomes enormous, aggregating nearly sixty thousand separate articles weekly, exclusive of the work required for officers and employees. The larger part of the labor required is done by patients, but they need care and observation, and cannot be trusted solely with the operation of machinery, or in places that might be dangerous; hence a certain number of paid employees are required. In the Utica State Hospital, with a population of 1,234 patients and employees, 8 persons are employed; in the Willard State Hospital, with a population of 2,726 patients and employees, 19 persons are employed; in the Middletown State Hospital, with a population of 1,447 patients and employees, 13 persons are employed; in the Binghamton State Hospital, with a population of 1,672 patients and employees, 13 persons are employed; in the Hudson River State Hospital, with a population of 2,024 patients and employees, 13 persons are employed; in the Buffalo State Hospital, with a population of 1,493 patients and employees, 10 persons are employed; in the St. Lawrence State Hospital, with a population of 1,717 patients and employees, 8 persons are em-

Laundries

ployed; in the Rochester State Hospital, with a population of 646 patients and employees, 5 persons are employed; in the Long Island State Hospital, with a population of 5,143 patients and employees, 23 persons are employed; in the Manhattan State Hospital, with a population of 8,181 patients and employees, 17 persons are employed.

Much depends upon the design of the laundry, its conveniences and its equipment, not only with respect to the number of persons to be employed, but also as to its efficiency. The commission has favored the improvement of laundries, with a view, not only to efficiency, but to economy. It has been urged that laundries one story in height were preferable to facilitate the work and allow easy access and supervision. During the past year and after consultation with practical commercial laundrymen, the Commission has favored the construction of new laundries, where required, two stories in height, for the following reasons: (1) they are cheaper to construct, as they require for the same floor space one-half the ground and roof area; (2) they are cheaper to maintain for the same reasons, and because the clothing requires transportation shorter distances, and can be raised with greater ease and economy than it can be moved on the same floor plane; (3) and a still more potent reason is that the women patients, who are largely employed in the mangling and ironing department, can be segregated, and more easily and safely supervised.

Three of the fires that have occurred in the State hospitals within several years, as stated in another chapter, have arisen in the steam drying rooms of the hospital laundries. These have heretofore been constructed of wood and the inclosed space has been heated by steam pipes. The wood usually becomes thoroughly kiln-dried, an impalpable dust collects upon the pipes from the clothing, usually cotton, and it appears that this dust ignites from the pipes when they become super-heated. All new drying rooms that are constructed are made wholly of metal, and thus the possibility of a destructive fire from this source is avoided.

CHAPTER 14

Amusement and Diversion of Patients

The Commission has found a wide diversity in the practice of the hospitals relative to expenditures for the amusement and diversion of patients, and it became necessary to establish some uniform rules regarding it. An allowance is now made of three cents per week per patient for this purpose, when an organized orchestra or band, to be composed of the employes and patients of the hospital is maintained, from which all expenses must be paid. As a means of treatment, there can be no question relative to the beneficial results of a properly selected line of amusements or entertainments for patients. The variety of such entertainments is almost unlimited within the capacity of the hospitals. Nearly all the hospitals have well arranged halls in which there is a stage and opportunities for a proper presentation of plays, concerts, etc. During the winter season, these halls are in almost constant use, and are indispensable when the weather will not permit of the ordinary out-door occupation. As a means of treatment, pleasant diversion is quite as requisite as properly regulated occupation. It is all under medical direction, and is, in fact, a therapeutic measure used in treatment, although it is also used to insure a feeling of content on the part of those who do not recover and remain in the hospital. In addition to the public gatherings mentioned above, amusements include the ordinary ward diversions such as music, games, etc., and also many of the means used for the physical development of patients, such as out-door games, calisthenics, etc. The advantage of the co-operative State hospital system is that the experience of one hospital is frequently of great advantage to another,

Amusement and Diversion of Patients

and it affords means of courteous interchange of amusements. As an instance, the stereopticon, which is a constant means of entertainment for patients, is provided with a greater variety of slides by interchange. In the summer time the hospital band affords a constant source of enjoyment for patients out of doors, playing at regular intervals upon the hospital grounds, and the orchestra in the winter affords the necessary music for dancing, concerts and entertainments. There is no better use of money which is spent for the benefit of the insane than that for their amusement and diversion within the limit established by the Commission.

CHAPTER 15

CRIMINAL INSANE

In accordance with the recommendations of the Commission, a new institution for the convict insane is now being erected at Dannemora, in close proximity to Clinton prison. The location was suggested principally on account of the salubrity of the climate, and also of the fact that building stone and timber were easily accessible, and much of the work could be performed by convicts. This institution is proceeding slowly in its erection, and it is not likely that it will be opened before another year has elapsed. There is no doubt about the desirability of separating the convict insane from the so-called criminal insane who either are committed by the courts to the Matteawan State Hospital for the commission of crimes shown to have been committed while they were insane, or who become insane after the commission of the crime and before or after trial.

What disposition shall be made of the Matteawan State Hospital, which now cares for both classes of cases, remains yet to be determined. In some respects it would make an excellent State hospital, but modifications in its structure would be necessary, as a portion of it is made especially strong with reference to the prevention of escape of the inmates. Some of the most violent and dangerous of criminals are cared for at this hospital.

In the judgment of the Commission, this institution should become a part of the State hospital system. It has been suggested that it be used particularly for the care of court cases, not convicted. If the convict class were removed at the present time, the number of so-called criminal order insane would not be sufficient for its capacity, and it might also care for a number of homicidal cases that are now retained at the several State

Criminal Insane

hospitals, but who are a menace to the safety and welfare of their associates. The Commission would therefore suggest that legislation looking towards the transfer of this institution to the State hospital system be had by the legislature of 1898 or at latest of 1899.

The institution is well situated on the Hudson river, and easily accessible, and with some modifications would be desirable, either for a State hospital for the criminal order insane or for the general class of insane patients now cared for in the State hospitals.

CHAPTER 16

RECOVERIES

As the ratio to recovery to admissions is likely to and of necessity must play an important part in determining questions relative to the care of the insane, the Commission has been at some pains to obtain reports from the various State hospitals showing the precise percentage of recoveries based on original commitments. In all the data of this nature heretofore published transfers from one hospital to another were included in the number admitted for the year. Of course this would not present an accurate showing of original admissions. The Commission has had the original admissions separated from transfers, and the following tables show the exact results obtained in the recovery of the insane from the 1st of October, 1888, down to and inclusive of the year ending September 30, 1897, a period of nine years, during the greater part of which time all of the insane of the State have been under the State Care system. No deductions can properly be made from the reports from the counties of New York and Kings while under municipal government. Their standard of care and treatment for such a long period of time materially affected their recovery rate; but the reports of the other hospitals unmistakably show what the State of New York has accomplished in this direction. The average recovery rate, as heretofore pointed out, for this period of nine years, based on admissions from homes, was 27.5 per cent.. It is believed, and it may confidently be asserted, that this ratio of recovery is as high as and probably higher than any other State can show, if corresponding reports could be obtained. Certainly as far as those States are concerned, from which the Commission has been able to obtain data correspond-

Recoveries

ing to those cited above, there is none which shows a ratio of recoveries equal to New York. This fact is worthy of great consideration when viewed in connection with the higher rate of maintenance provided. It will be noted that the rate fluctuates considerably from year to year and in different hospitals. This undoubtedly results to some extent from the idiosyncracies of individual superintendents but taken as a whole it may safely be assumed that errors balance, and that they show as nearly as anything can the true state of affairs as far as they relate to this important subject. It is conceded that, while there are other methods of computing the recovery of the insane, as upon the daily average population, the number discharged, etc., the number of original admissions gives the fairest basis of comparison.

It should also be taken into account that "original admissions" include all who are committed on certificates of insanity, whether their condition is acute and capable of cure, or chronic, with small hope of recovery. This is true of all statistical information relating to admissions. A large proportion of the cases originally admitted are in such a state of degeneracy, or their insanity has been of such long duration, that recovery cannot be expected. If from these admissions are deducted those who are suffering from incurable forms of insanity and organic brain disease at the time of admission, it is estimated that over 60 per cent. recover.

A table showing the percentage of recoveries in each State hospital for the nine-year period—October 1, 1888–October 1, 1897—will be found in chapter 29, page 504, Statistical Review.

CHAPTER 17

Manhattan and Long Island State Hospitals

It has not been the policy of the Commission to separately discuss the State hospitals. It has, however, from time to time referred in its reports particularly to one or more. But the fact that the institutions for the care of the insane in the counties of New York and Kings have so recently come into the State hospital system deserves more than a passing notice. On the first of October, 1895, the insane of Kings county were transferred to the care of the State. On February 29, 1896, the institutions for the care of the insane in the county of New York became a part of the State hospital system.

The admission of these two great institutions into the State hospital service marked the final completion of the noble system of hospital care for all of the dependent insane of the State of New York — a reform which had long been agitated and pressed. When the State Care Act of 1890 was passed, the counties of Monroe, New York and Kings were exempted from its operation. This was done chiefly because they had institutions more nearly adequate and suitable for accommodating their insane patients than the other counties; and had they been included in the measure, it was feared the opposition of their representatives in the legislature would have been fatal to the bill, hence they were left out rather than lose the advantage of a partial victory, but the invitation was held out in the act that they would be welcome whenever they might choose to come in. The Monroe county asylum was admitted as the Rochester State Hospital, in 1891, and already it is fully established under the new order of things.

But it will be long before the evils which prevailed in the management of their institutions for the insane by the counties of

Manhattan and Long Island State Hospitals

New York and Kings can be wholly obliterated. It was remarkable that communities possessing such wealth and conspicuous for so generous and catholic a spirit in dispensing charities, should for so long a time have allowed their dependent insane to remain victims of the grossest neglect. When received into the State Care System, these institutions were, as a whole, in a wretched state of dilapidation and decay. The yearly appropriations for their support were far from sufficient; and of the sums actually appropriated, especially in New York, investigation showed that considerable portions were diverted to other uses. As natural sequences, the food supplies were bad; the clothing was inferior and insufficient; the buildings were not kept comfortably warm; they were lamentably overcrowded; the physicians were inordinately underpaid, while attendants were overpaid; and despite the utmost efforts of the Superintendent and his staff assistants, evils and abuses incident to a vicious administrative system were inevitable. The fundamental trouble lay in the exercise of plenary control over these institutions by the charities commissioners, who also had supervision of the general hospitals, the penitentiaries, the jails, the workhouse, the asylums for the idiotic, the blind, the deaf and dumb. Financial accounts were not kept sufficiently distinct to prevent confusion and misapplication of funds. Complaints were frequent; abuses and wrongs were a constant result from such a defective system. Yet, such is the force of habit and the conservatism of custom, after the State Care Act had been passed, an advisory committee representing the authorities of New York city, reported to the mayor in favor of continuing the county care system, although, it is but justice to say, this was done against the protest and advice of many of the best informed citizens. A feeble and half-hearted effort to improve some of the worst of the admitted evils was made; the city issued bonds for half a million dollars to relieve the acknowledged overcrowding, by erecting new buildings for patients' use. But the blight of irresponsible management cursed even this expenditure. It was in evidence at an investigation conducted by the Commission in 1895, that some of

Manhattan and Long Island State Hospitals

the very poor buildings constructed out of this money—bad in design, in material and in workmanship—were not completed until three years had elapsed from the time the contracts were let.

All this, however, may be said to be an old story. It is now needful to refer only to what has been accomplished since the State took charge. The first step in the direction of reform was the paying of adequate salaries to physicians, and sufficient wages to employees, and this was accompanied by the vigorous use of all available means to raise the standard of maintenance as nearly as practicable up to the level of that which obtained in the other State hospitals. To that end the Commission allowed, during the past year, moneys for maintenance sufficient to bring the per capita rate up to an amount higher by \$27.44 than had ever been provided by the city. This large increase was urged by the local management as imperatively necessary in order to provide for many urgent repairs, as well as to improve the medical service; the food, the clothing, the furniture, the bedding, the surgical and medical appliances, etc. Not all has yet been effected that is desired; overcrowding is still an existing evil; the effects of years of maladministration cannot all be eradicated in a year; but the condition of the patients has been greatly improved, and conditions have been created by the State which will permit of a higher order of management, and this is manifest in many directions.

The buildings on Hart's and Blackwell's island have been described as unfit for habitation. Some of them were hastily built during the civil war, as receptacles for prisoners; they are made of hemlock boards; their roofs are so imperfect that rain leaks direct upon the floors occupied night and day by patients; it is impossible properly to warm and ventilate them. On the pavilions at Blackwell's island new roofs have been placed; other repairs have been made wherever it was feasible and expedient to do so; new stoves have been procured; every reasonable effort to promote the comfort of the patients has been made. As soon as money can be had to provide accommodations at Central Islip, or

Manhattan and Long Island State Hospitals

elsewhere, the Commission intends to abandon these buildings on Hart's and Blackwell's islands altogether. At the time of this writing the prospect is that the buildings on Blackwell's island will be vacated very soon—a result very desirable, not only for the welfare of their inmates, but also to avoid complications frequently arising from contact with the city government.

In the case of the Long Island State Hospital (formerly the Kings County Insane Asylum), the conditions as a whole were not nearly so deplorable, but a great deal has to be done to bring the buildings and their administration up to the desired standard. As preliminary to general reconstruction and improvement, it was found necessary to provide additional steam heating facilities, appliances for lighting, homes for nurses, to build a dock, and to spend much money for various extraordinary repairs.

On the 1st of March, 1896, there was a total excess of patients over the capacity of the institutions of Greater New York, comprising the Manhattan and Long Island State Hospitals and their branches, of 1,907. This shows the alarming extent to which overcrowding prevailed, and the laches of a great and wealthy city in meeting the demands of humanity, to say nothing about ultimate economy.

To relieve the condition of overcrowding, the Commission has already set aside sums for the following buildings, some of which are already finished and others are nearing completion. It is hoped that all will be ready for occupancy by October 1, 1898. A new group is now being erected at Kings Park branch of the Long Island State Hospital, which will be opened for patients July 1, 1898, providing for 910 patients.

The attendants' homes at Ward's Island and Central Islip, now occupied, provide accommodations for 350 attendants, nurses and general employees, which will furnish accommodations for more than an equal number of patients.

A new pavilion at Central Islip, which it is trusted will be ready for occupancy in the early fall, will provide for 208.

Manhattan and Long Island State Hospitals

A new single-room building at Ward's Island, for which money is available, to provide for 250 patients. This building should be well advanced by October 1, 1898.

The total accommodations of new buildings for the insane of Greater New York to October 1, 1898, from funds already available, amount to 1,718.

The Manhattan State Hospital has been relieved by transfers to other institutions as follows, since March 1, 1896:

Forty patients transferred to Ogdensburg.

One hundred patients transferred to Binghamton.

Two hundred and fifty patients transferred to Willard—an equal number of Willard patients being transferred to Buffalo.

Three hundred and fifty will be transferred to the Hudson River State Hospital.

The new Collins State Homoeopathic Hospital will provide accommodations which can be utilized for patients indirectly from Greater New York by means of transfers for at least 280.

During the past year there was expended for buildings, repairs and improvements for all the State hospitals the sum of \$1,559,070.34; of this sum the Long Island and Manhattan State Hospitals received directly, \$691,492.75, and indirectly the benefit of the following sums:

Expended at Buffalo, for which Manhattan had the benefit by transfers of patients, \$137,500.

Amount expended at Binghamton, \$55,000, of which the Manhattan State Hospital had the benefit.

Amount expended at St. Lawrence, \$22,000, of which Manhattan had the benefit.

Making the total amount expended for and on account of the Manhattan State Hospital, \$905,992.75.

In addition to this sum, the Manhattan State Hospital received on account of increased maintenance allowance, an average of \$27.44 over the highest amount ever expended by the city per patient, amounting in all to \$186,592.

At the Long Island State Hospital, the rate of maintenance has likewise been raised from \$172.37, the amount reported to have

Manhattan and Long Island State Hospitals

been expended in the last year of county control, to \$196.56, or an addition of \$24.19 per capita, amounting in all to \$63,450.37.

At the Long Island State Hospital, the heating and lighting systems have both been repaired; a lighting plant has been installed at the Flatbush department, thus doing away with the use of gas in the greater part of that institution. The canal at Kings Park has been dredged out, thus permitting of the free ingress of coal at a reduced rate. An additional water service has been provided. In addition to this, new kitchens have been erected at Kings Park.

At the Manhattan State Hospital a new laundry has been erected at Ward's Island, and a new kitchen at Central Islip.

Before a beginning could be made on construction of buildings for patients, it was important that these very necessary adjuncts should first be provided.

The Commission now has in contemplation plans for the expenditure of the greater part of the sums to be made available by the appropriation for the coming year, and it may be confidently asserted that if the present rate of taxation remains, the deplorable conditions which have so long prevailed in these two counties will be entirely removed.

The management of the institutions for the insane in these two counties illustrate pretty plainly that local self-government and home rule can be carried too far, and that while autonomy may have its advantages, it is apparent that they do not lie in the care of the insane, and it is difficult to see what would have happened if a larger measure of what is called home rule had been given. Without going into any argument upon this subject, the care and treatment which the insane received in these counties affords a most instructive illustration of what local self-government can accomplish without proper checks.

The following excerpt from the "Medical Record" voices a sentiment respecting the result of the operation of the State Care Act that seems to be very generally held:

Manhattan and Long Island State Hospitals

"It is reassuring in a high degree to take a retrospective survey of the former condition of these charities, and to compare it with its present one. Not many years ago the mode of management of the charitable institutions of this city was a scandal to a rich and civilized community. Politics held the sway, and the state of affairs existing then seems incredible in these days. Institutions one and all were conducted in a careless, almost inhuman manner, the public was callously indifferent, and the sole object of those in authority was to spend as little as possible upon the unfortunate inmates, and to publish a satisfactory report. Up to the year 1850, hospitals, penitentiary, almshouse, workhouse and lunatic asylums were all huddled together, while prisoners from the penitentiary and workhouse were utilized to perform various duties in the almshouse, hospital and insane asylums. Abandoned women were employed as nurses in the hospitals and prisoners as attendants in the insane asylums. In 1850 the attention of the public was drawn to these methods of conducting charitable institutions, pressure was brought to bear upon the authorities, and gradually, but very gradually, reforms were introduced. * * * *

"Perhaps the most gratifying feature in connection with these reforms is the great change for the better in the care and treatment of the insane. The truth that insanity is simply a disease, subject, to a large extent, to the same physical conditions as other diseases, is recognized more and more every day, and although this fact has been grasped and great progress made in the curative treatment, yet the places in which the insane are received are still too much of the asylum and too little of the hospital type. The State has a distinct duty to perform to its insane, and at last seems to have arrived at a proper appreciation of that duty. * * * The progress made since the State hospitals were removed from the domain of politics and vested in the State Board of Charities (since the law of 1890 the State Board of Charities has been relieved from all supervision and all the powers have been placed within the jurisdiction of the State Commission in Lunacy) is most encouraging. The New York system of treating and housing the insane, which at one time was a by-word, is fast becoming an example to other countries."—From Editorial, Medical Record, June 29, 1897.

One of the problems that presented itself to the Commission, in considering the question of the fifteen years' use of Ward's Island, was the extent to which buildings may prudently be constructed upon this property. That the intent of New York city

Manhattan and Long Island State Hospitals

is to insist on the limitation of the law is shown by the notice filed with the State Comptroller by Mayor Strong. The Commission must, therefore, assume that possession by the State will cease at the end of that period. Any other assumption is not sustained by law or by any authoritative action on the part of the city. The only property actually belonging to the State upon which the insane of New York city are now in part domiciled is the farm at Central Islip, consisting of about one thousand acres, on which the buildings accommodate 1,270 patients. It would evidently seem appropriate that any new structures should be placed upon ground to which the State holds title and from which it is not liable to be ousted. If this feature was the only one presented, no doubt would be felt as to appropriate action, but there are complications.

When the transfer of the New York city asylums to the State was made, they were, in many respects, in a most wretched condition. Many of the buildings were in need of repair. The condition of those on Hart's and Blackwell's islands was such as unfitted them for housing insane persons. They were made as comfortable as possible by means of new furniture, necessary repairs, and improvements in the service, and the time of their occupancy by the State is fast drawing to a close. On Ward's Island there was a collection of structures many of which were originally built for other uses than for the care of the insane, and were not well adapted to that end. Particularly the female department had no proper provision for the reception and treatment of acute cases. They are now received in a two-story pavilion containing two large wards of 80 beds each, without facilities for classification, segregate care and treatment, or any modern and needful means of proper remedial treatment. In these wards the patients sleep, eat and pass the day. It was early recognized by the Commission that if the recent cases were to be received on Ward's Island, some appropriate hospital construction was a necessity, as there were no buildings in use which could be arranged to fill the need at any reasonable cost.

Manhattan and Long Island State Hospitals

The alternative of erecting hospital buildings at Central Islip for women, and sending the new admissions there has been considered. But while Ward's Island is maintained for the insane there would be just cause for complaint if those cases most unfavorably affected by a long removal should be sent to the most distant institution. Moreover, the acute cases are those in whom friends take the deepest interest, and it would be considered a hardship to oblige them to go a distance of 45 miles while an institution was being maintained in the city. On the other hand, there are many cities in the State whence the patients are sent longer distances to hospitals. The law which provides for the release of Ward's Island also provides that the city shall compensate for the value of the buildings and improvements made during the interim. Therefore, after a full consideration of the matter, and upon the representation of the president of the Commission that hospital facilities were a *sine qua non* for the proper treatment of women patients for whom recovery was a probability, the Commission has approved plans and specifications for a hospital building for 250 women on Ward's Island. This will substantially complete construction upon this property, at least for the accommodation of the insane. Any further provision will be made at Central Islip, of a permanent character, and without fear of disturbance by change of title.

CHAPTER 18

CLASSIFICATION OF THE INSANE

It is generally agreed that in some cases of so-called chronic forms of insanity, recoveries may and do occur, especially when the patients are under skilled observation, and their improvement is hastened by appropriate treatment. It is therefore manifestly improper to consider "chronic" and "incurable" as synonymous terms. At the same time it must be admitted that the great mass of the insane who have failed to recover but have returned to a reasonable standard of physical health without a corresponding return to their normal mental condition, remain insane to the close of their lives, and seldom respond to remedial measures. This class, if dependent, remain dependent and require custodial treatment throughout the remainder of life. It has been one of the vexed and unsettled questions, where to draw the line between recoverable and non-recoverable insanity, and such demarcation cannot be safely made at the present time, except in the most advanced forms of mental decay.

The State is interested in this question for both humane and economical reasons. In the interest of humanity and economy it is desirable to cure the greatest possible number of patients, or to bring them to a condition of mind that will permit their return to the community and enable them to assist in their own support, thus relieving suffering as well as relieving the State of a burden. Hence, to attain this object no proper remedy should be withheld, and in the matter of nutriment, environment, nursing and medical care, the highest reasonable attainment should be applied. The wisdom of this course in the treatment of the acute and recoverable class of insane cannot be doubted, for, except to the affluent, the State hospitals supply the only remedy the public

Classification of the Insane

have for this dreadful and destructive disease. It is the only disease which leaves its victim with physical vigor but dependent by reason of mental incompetency, when treatment has failed to effect recovery. Therefore recovery should be effected if there are known means to do it.

The Commission has encouraged the most advanced and intelligent treatment of insanity, within the means provided by the State for this purpose. But it recognizes the fact that there is a large proportion of the insane now in custody that cannot be cured by any known means, for the reason that the very elements upon which recovery depends—the brain cells—have by virtue of long-continued disorder been destroyed beyond hope of restoring; and that these cases do not require the application of the same measures which are justified in treating hopeful cases. It becomes the duty of the State to provide for that class of patients safe custody, humane treatment, the adequate needs of the body, careful and skilled attendance, and such environment and occupation as will make their lives reasonably comfortable.

It has been one of the particular inquiries of the past year whether a better defined distinction between the two classes, with reference to expenditure, might not be made, than now exists. A letter of inquiry was addressed to the several superintendents of the State hospitals, a copy of which, with their replies thereto, is herewith appended. It will be observed that the consensus of these replies points to a distinction which will lead to economy and not derogate from the well-being of the chronic class. The chief difficulty lies in the designs of the several hospitals, and is one of construction. With the present buildings, except in the case of several, it appears impracticable to make a very well-defined classification, and where this cannot be made by separation of the classes, the difficulty of maintaining separate standards, especially in food supply and attendance, is almost insurmountable. In construction now in progress, or in contemplation, the Commission will be able to correct this fault of construction in a considerable degree. This matter is also treated elsewhere in greater detail.

Classification of the Insane

It should not be understood, however, from the foregoing that the Commission favors in any way a return to the old system of care for the acute and chronic insane in separate institutions. On the contrary, it desires to expressly disclaim any intention of putting forward such views. That system was tried and found, in practical effect, to be a failure. All of the insane of both classes should be cared for in institutions designed to care for both classes on the same premises. Moreover, it should not be understood that the Commission contemplates the withdrawal from the so-called chronic class of any necessary care or treatment. In other words, the policy which has heretofore prevailed of having all of the insane placed under intelligent care and treatment, with a view to the recovery of as many as possible, will be continued.

(Copy)

ALBANY, N. Y., *September 20, 1897.**To State Hospitals:*

The Commission desires to obtain your views relative to the feasibility of classifying the insane in your hospital in such a manner as to discriminate between the hospital cases, or those suffering from curable forms of insanity and those not likely to recover, in order to give to the former a better dietary and the highest necessary standard of treatment, and to the latter class a proper standard of care but necessarily lower than for the former class.

In other words that you suggest the best practical means, as pertains to your hospital, for classifying the acute from the chronic class.

Is it the present method to issue a uniform dietary for all classes, and if not what distinctions are made and to what extent?

Kindly state also the ratio of day and night attendants for the acute, and for the several chronic classes.

Very respectfully yours,

T. E. MCGARR,

Secretary.

Classification of the Insane

The replies of the superintendents of the several State hospitals were as follows:

UTICA STATE HOSPITAL

"We have for several years found it practicable to furnish a dietary suited to the needs of chronic and feeble demented (about two hundred in all) who occupy our infirmary building. No distinction is made in other parts of the building, except in so far as attendants assign smaller portions of food to non-workers in whose cases the wear and tear are not such as to call for an equal amount of repair. To me it seems entirely reasonable, and in accord with the theory of *individual* treatment, to make a distinction of the kind you propose. Unless, however, the patients should be so classified as to have all of a certain class on a department or floor, it would be difficult to accomplish such an object to the fullest possible extent in this institution, owing to the arrangement of our dining-rooms. The adoption of a different scale of diet for the demented has worked very satisfactorily. It is not only the curable forms that need a better dietary, but chronic patients who are good workers and who return to the wards after a hard day's work with keen appetites. I think, too, that such a scheme of discrimination fits in nicely with one of punishment and reward—if one may be permitted to use the words "punishment" in a hospital—and even operates as an incentive to useful and healthful labor in patients who are naturally indolent or whose indolence is one of the effects of insanity. I shall be glad to give further consideration to the matter and may have some plan to suggest later.

"I am afraid I cannot state the ratio of day and night attendants for the acute and several chronic classes with accuracy, as in this hospital the two classes are hopelessly mixed.

"I enclose herewith a dietary for the past week for the main building, together with that for the Infirmary, for purposes of comparison."

G. ADLER BLUMER,
Superintendent.

UTICA, September 21, 1897.

Classification of the Insane

Infirmary Dietary for week ending September 19, 1897

Monday

Breakfast.—Oatmeal, cold corned beef, coffee, bread and butter.

Dinner.—Roast beef, gravy, potatoes, spinach, bread and butter, tea and milk.

Supper.—Roll bread, syrup, bread and butter, tea.

Tuesday

Breakfast.—Cold roast beef, oatmeal, bread and butter, coffee.

Dinner.—Vegetable soup, boiled mutton, squash, bread and butter, tea and milk.

Supper.—Brown and white bread and butter, melons, tea.

Wednesday

Breakfast.—Boiled mackerel, oatmeal, bread and butter, coffee.

Dinner.—Boiled pork and cabbage, potatoes, bread and butter, tea, milk.

Supper.—Tomatoes, bread and butter, tea.

Thursday

Breakfast.—Oatmeal, cold boiled mutton, bread and butter, coffee.

Dinner.—Vegetable soup, green corn, potatoes, bread and butter, tea and milk.

Supper.—Roll bread, syrup, tea.

Friday

Breakfast.—Codfish, oatmeal, bread and butter, coffee.

Dinner.—Fresh fish, boiled turnips, bread and butter, cheese, tea and milk.

Supper.—Brown and white bread and butter, tea.

Saturday

Breakfast.—Cold corned beef, oatmeal, bread and butter, coffee.

Dinner.—Boiled pork and cabbage, potatoes, bread and butter, tea, milk.

Supper.—Melons, bread and butter, tea.

Classification of the Insane

Sunday

Breakfast.—Cold roast beef, oatmeal, bread and butter, coffee.

Dinner.—Roast pork, green corn, pickled beets, bread and butter, tea, milk.

Supper.—Cheese, bread and butter, tea.

Main Building Dietary for week ending September 19, 1897.

Monday

Breakfast.—Cold corned beef, oatmeal, bread and butter, tea, coffee.

Dinner.—Roast beef, gravy, lettuce, tomatoes, bread and butter, milk.

Supper.—Cold roast beef, tomatoes, bread and butter, tea, milk.

Tuesday

Breakfast.—Cold roast beef, oatmeal, bread and butter, tea, coffee.

Dinner.—Roast mutton, vegetable soup, potatoes, tomatoes, squash, bread and butter, tea.

Supper.—Cold roast mutton, squash, lettuce, bread and butter, tea, milk.

Wednesday

Breakfast.—Warmed potatoes, oatmeal, cold corned beef, bread and butter, tea, coffee.

Dinner.—Cold roast pork, gravy, green corn, beets, cucumbers, bread and butter, tea, milk.

Supper.—Cold roast pork, bread and butter, tea.

Thursday

Breakfast.—Cold boiled mutton, oatmeal, bread and butter, tea, milk.

Dinner.—Boiled pork and cabbage, potatoes, tomatoes, bread and butter, tea, milk.

Supper.—Cold roast beef, tomatoes, bread and butter, tea, milk.

Classification of the Insane

Friday

Breakfast.—Codfish, oatmeal, bread and butter, coffee, tea.

Dinner.—Fresh fish, tomatoes, squash, cauliflower, bread and butter, tea.

Supper.—Cold roast veal, tomatoes, cookies, bread and butter, tea.

Saturday

Breakfast.—Cold roast beef, oatmeal, bread and butter, tea, coffee.

Dinner.—Boiled corned beef and cabbage, tomatoes, bread and butter, pudding, tea.

Supper.—Cold corned beef, bread and butter, melons, tea.

Sunday

Breakfast.—Cold roast beef, oatmeal, bread and butter, tea, coffee.

Dinner.—Roast beef, gravy, potatoes, mashed turnips, bread and butter, tea, milk.

Supper.—Cold roast beef, radishes, bread and butter, tea.

WILLARD STATE HOSPITAL

“ This matter has been given my close attention since I came to Willard. The cases that are regarded as not recoverable and only deserving of custodial care we have tried to separate from the chronic cases, and, both among the acute cases and among the chronic, we have made a further distinction in separating as far as possible the patients who are employed at some form of useful occupation that made a direct return to the hospital, so as to give the latter a more liberal diet than the before mentioned chronic cases, the diet being arranged so as to give, first, a diet arranged for the sick, that is, those suffering from acute troubles, mental or physical, and for that reason requiring a special diet suitable to the form of disease from which they are suffering; a diet prepared with an idea of giving the working patients, particularly those performing arduous duties, an amount of food proportionate to their need for the same; and, lastly, a more moderate diet for the chronic forms of insanity and those who are performing little or no physical exertion. These can possibly best be separated again by stating that the general diet for the acute insane and those requiring a comparatively liberal diet, is supplemented for the acute by special or hospital diet, and for

Classification of the Insane

the working class by a somewhat larger proportion of meat, etc., and leaving common diet for the remainder.

Replying to the second paragraph of your letter, I would state that I think it is advisable to separate the acute sick, including some of those suffering from acute insanity such as acute mania and melancholia, particularly such cases as require building up, and giving them, together or separately, such diet and treatment as they require, respectively; separating, as far as possible, and entirely, wherever practicable, the working patients from all the others, and dividing up the remainder so as to have the chronic cases suffering from dementia and who are not curable or particularly appreciative from the same character of cases who, while not recoverable, are more appreciative and likely, under proper handling and treatment, to be made useful working patients to assist in one or other of the various industries that can be started and maintained to the advantage of a hospital of this kind.

Too much, in my opinion, cannot be said regarding the importance of giving suitable employment to selected cases among the insane, and taking advantage of the change in their mental and physical condition in order to carry this out. This has been a matter that has received so much attention of late years, particularly in the State hospitals of this State, that it does not seem to me necessary to do more than refer to it.

Referring to the third paragraph of your letter, I would state that I believe this is answered by the fore part of my letter.

Concerning the ratio of day and night attendants for acute and for the settled chronic classes, I would respectfully inform you that the proportion is as follows:

Acute cases: Day, 1-6.06; night, 1-31.33.

Chronic, disturbed and violent: Day, 1-7; night, 1-57.75.

Chronic, miscellaneous: Day, 1-12.92; night, 1-17.8.

(Generally quiet, nearly or entirely idle, many untidy. Semi-disturbed and quiet cases.)

Epileptic: Day, 1-7.51; night, 1-34.

Workers: Day, 1-13.73; night, 1-281.

Filthy and infirm: Day, 1-12.87; night, 1-37.61.

(Some in bed.)"

W. A. MACY,
Medical Superintendent.

WILLARD, *September 24, 1897.*

Classification of the Insane

HUDSON RIVER STATE HOSPITAL

"I would say that in this hospital it is impossible to make a sharp distinction in the classification of acute and chronic cases. The wards are all so large that the acute and chronic must necessarily be put together and classified according to symptoms rather than to duration or curability. For instance, noisy and excitable patients are put together, as are also the depressed and suicidal, without regard to the form of the disease or its prognosis. We cannot pursue any other course, as we never have enough acute cases of the various forms to fill our wards, and must, therefore, mix with them chronic cases with similar symptoms.

For the reasons stated, in my opinion, the present arrangements in regard to dietary allowances cannot well be improved upon. We do not issue a *uniform dietary*. With the per capita allowance of the Flint table we are able to provide suitably for all cases. For instance, the "extra diet" orders enable us to give acute and convalescent cases all that they require. The milk allowance permits us to give large quantities to those who are unable to take solid food; the same statement also applies to eggs. In the infirmary wards the diet consists chiefly of soft foods, and in the two cottages where we have epileptics the meat allowance is very small. On the other hand, the meat which is not used by the feeble and epileptics is given freely to able-bodied chronic workers; and so it is with nearly every article of food; that which is used moderately by one class being used in greater quantities by another. I therefore cannot see how anything would be gained by a change in the present methods. On the other hand, I can readily see many disadvantages. In the first place, if the present dietary is generally lowered, a different menu would be necessary for the attendants, and, as they eat, in this hospital, at the same table with the patients, dissatisfaction on the part of the patients would be sure to result. Again, if we should lower the diet of the *chronic* workers, they would soon run down and become incapable of contributing towards their support by their labor. Another argument, which I think is important, is that if an extra grade of supplies were allowed for a special class, the old cry would soon be heard that the officers were appropriating all the delicacies and extras to their own use. One of the greatest advantages of the present system is that the officers cannot be accused of living upon the "fat of the land" at State expense.

Classification of the Insane

While the present allowances are satisfactory, they are not, in my judgment, any too liberal. The food supplies for this hospital, where we get less than some other hospitals from the farm, cost, including officers, employes and patients, about 15 cents per day, or at the rate of 5 cents per meal. Surely that does not seem excessive. Of course, the ideal arrangement in an institution of this size would be to have a hospital building with very small wards, capable of providing for all the acute, which, I think, would be about 5 per cent. of the population. I am sure that a building for 50 patients of each sex, properly arranged, would take care of all our acute cases. But even then I would not suggest any changes in our present allowances of food supplies, as the superintendent and steward should be able, under existing conditions, to provide properly for all.

In regard to the ratio of day and night attendants for the acute and chronic classes, I am unable to make any definite statements for the reasons already given—that we have no wards devoted entirely to acute cases. Our general ratio is 1 to 8 during the day and 1 to 48 at night. My experience leads me to believe that the highest proportion is required on the wards for the acute and for the disturbed chronic cases, where we are most apt to find homicidal and other dangerous tendencies. The smallest proportion will, of course, be found among the quiet chronic working patients.

For the day service the proportion should be about as follows:

Chronic workers and convalescents.....	1 to 15
Feeble and filthy.....	1 to 9
Chronic disturbed.....	1 to 8
Dangerous and homicidal.....	1 to 4
Acute and purely hospital cases.....	1 to 4
Which would give a general average of.....	1 to 8

The number of night attendants will vary in accordance with the structure of the building and the character of the cases. In some cases one attendant on each ward will be needed, while in others one will be able to care for a whole building. An average of 1 to 50, I think, is a fair proportion for night service."

CHAS. W. PILGRIM,
Superintendent.

POUGHKEEPSIE, September 25, 1897.

Classification of the Insane

MIDDLETOWN STATE HOMOEOPATHIC HOSPITAL

In reply to your communication of September 20th, in the above matter, permit me to state that, to a certain extent, it will, I believe, be feasible to arrange a dietary schedule in such a way as to afford the best possible food for the acute and curable insane and a sufficiency of plain, nourishing food for the chronic and incurable classes. The hospitals, infirmaries and convalescent wards might continue a diet somewhat similar to that now enjoyed by the entire population of each State hospital. The wards for cases of terminal dementia and other forms of chronic insanity might be supplied with plain, wholesome, inexpensive food that would cover the actual needs of these classes and at the lowest possible cost. Of course, this matter should be carefully considered from every possible point of view before radical changes are adopted. I believe that the diet for the incurable classes might consist, very largely, of grain foods and vegetables, with plenty of milk and a fair amount of cheap fruits. Expensive meats and rich pastry may be omitted to a large extent, from the bill of fare for chronic patients.

I will endeavor to submit for your consideration, in the near future, what appears to be a suitable bill of fare for chronic cases. The present bill of fare has been selected, I believe, with a view to affording that which it best, as a rule, for the acute and curable classes.

(The following was also received from the superintendent, under date of October 2, 1897.)

I send you herewith a proposed bill of fare for the use of chronic and probably incurable cases. It has at least the merit of being economical, and yet, in the main, satisfying and life-sustaining to those who do not live altogether for the purpose of eating.

I also send an estimated per capita cost of the leading articles in the present dietary list, and likewise in the proposed dietary list.

Classification of the Insane

Bill of Fare for Non-Working Chronic Cases

Monday

Breakfast.—Oatmeal, milk, bread, coffee, syrup.

Dinner.—Potato soup with chopped mutton, boiled beans, lettuce, bread, butter, milk.

Supper.—Rice, milk, tea, bread, sauce.

Tuesday

Breakfast.—Oatmeal, coffee, milk, bread, syrup.

Dinner.—Corned beef, cabbage, potatoes, bread, butter.

Supper.—Hominy, milk, tea, bread, butter.

Wednesday

Breakfast.—Oatmeal, milk, coffee, bread, syrup, fruit.

Dinner.—Baked pork and beans, beets, bread and butter, milk.

Supper.—Cornmeal mush, milk, tea, bread, syrup, cheese.

Thursday

Breakfast.—Oatmeal, milk, bread, coffee, syrup.

Dinner.—Roast beef, potatoes, radishes, bread, milk.

Supper.—Crushed wheat, milk, potatoes, bread, tea, sauce, butter.

Friday

Breakfast.—Oatmeal, milk, coffee, bread, syrup, fruit.

Dinner.—Fish, potatoes, onions, bread, butter.

Supper.—Rice, bread, tea, milk, syrup.

Saturday

Breakfast.—Oatmeal, bread, coffee, milk, syrup.

Dinner.—Vegetable soup with meat cubes, bread, potatoes, squash.

Supper.—Cornmeal mush, milk, bread, coffee, syrup.

Classification of the Insane

Sunday

Breakfast.—Oatmeal, milk, bread, coffee, syrup.

Dinner.—Boiled beef chuck and potatoes, lettuce, rice or bread pudding, bread, butter, milk.

Supper.—Bread, tea, sauce, syrup, milk, cheese.

Or the chronic patients might live on cracked wheat, milk and vegetables at a cost of about 40 cents per week. The Roman soldier chewed raw wheat as he marched, and conquered the world!

Weekly Per Capita Cost of Present Dietary List

Tea	\$0.0141
Coffee .....	.0435
Milk .....	.186
Bread .....	.083
Vegetables .....	.02
Grain stuffs .....	.0257
Meat .....	.3452
Fruits .....	.045
Butter .....	.1775
Sugar .....	.0546
	<hr/>
	\$0.9946
	<hr/>

Weekly Per Capita Cost of Proposed Dietary for Chronic Patients

Tea and coffee	\$0.0576
Milk, one quart per day .....	.186
Bread .....	.083
Vegetables once a day .....	.02
Oatmeal and grain stuffs .....	.0257
Meat four times a week .....	.1079
Butter once a day .....	.0591
Syrup .....	.0041
Fruit or sauce .....	.045
	<hr/>
	\$0.6284
	<hr/>

SELDEN H. TALCOTT,
Superintendent."

MIDDLETOWN, September 25, 1897.

Classification of the Insane

BUFFALO STATE HOSPITAL

"Replying to your letter of September 20th, 'regarding the best practical means, as pertains to this hospital, for classifying the acute and chronic classes,' I would say:

First. We believe that with the completion of the new infirmary building, such distinction can be more easily made, if desirable, than with our present arrangements.

Second. It is our present method to issue a uniform diet to all classes; but to the sick and infirm a special diet is allowed when desirable and necessary.

Our present diet table, a copy of which was sent the Commission in July, we think will show that no reduction can well be made in the general diet for the hospital with justice to the patients, as even among the chronic classes there are many who are feeble and require nourishing diet.

With the erection of the new infirmary building, and a separate kitchen, etc., a special dietary can still more easily be maintained.

The ratio of day attendants for the acute wards is 1 to 9.15.

The ratio of day attendants for the chronic wards is 1 to 13.

Night attendants for the acute wards, 1 to 41.5.

Night attendants for the chronic wards, 1 to 75.

A comparison of the number of attendants employed by the different State hospitals, in the last annual report of the commission, shows that no hospital in the State, except Willard, has a smaller proportion of attendants than Buffalo. In making the distinction suggested between the acute and the chronic classes, we do not feel that we could properly reduce our number of attendants on the chronic wards below the present ratio."

A. W. HURD,
Superintendent.

BUFFALO, September 27, 1897.

BINGHAMTON STATE HOSPITAL

"Your letter of September 20th is received and contents noted. In reply I would say that I have given much time and thought to the matter under consideration and am of the opinion that much may be accomplished in the direction of economy without formal change in the classification of buildings. We have in this hospital for several months past been issuing less of the more expensive kinds of food to demented patients in certain

Classification of the Insane

of our buildings than was formerly the practice, with equally satisfactory results. It seems to me that the best results would be attained if a systematic effort were made in this direction in the several hospitals instead of attempting a formal classification under which certain buildings would be generally known to have a table service inferior to the service elsewhere provided in the institution. Under such a plan patients would soon appreciate the difference in different buildings, and they and their friends would be likely to make considerable outcry in case of transfer.

I offer this opinion tentatively and in response to the request for an expression from your office—other superintendents may offer a better solution."

C. G. WAGNER,
Superintendent.

BINGHAMTON, September 23, 1897.

ST. LAWRENCE STATE HOSPITAL

"I beg leave to acknowledge the receipt of your letter of the 20th instant relative to the feasibility of classifying the insane at the St. Lawrence State Hospital, in such a manner as to discriminate between the hospital cases, or those suffering from curable forms of insanity and those not likely to recover, in order to give the former a better dietary and the highest necessary standard of care and the latter the proper standard, but necessarily lower than for the former class.

It is entirely feasible to separate the two great classes of the insane—acute and chronic—and this course has been pursued at St. Lawrence.

It has been our plan to give the acute service an entirely different dietary than for the chronic, in fact the nurses in our hospital wards prepare all of the special diet for their patients and it is served in as dainty a manner as possible. Considerable care has been exercised in giving more food to working patients than we have provided for the nonworkers, but it is somewhat difficult to separate the different classes of the chronic insane sufficiently to provide a separate standard for each class, with the exception, perhaps, of the infirm and untidy.

It has been our endeavor to separate, to a certain extent, the various classes of the chronic insane, as far as practicable, but sometimes wards become crowded and transfers have to be made to relieve this condition, and the result is that it is not always possible to keep the same classes together.

Classification of the Insane

Perhaps it might be well in the dining-rooms to make the distinction and serve the working patients at certain tables and the nonworkers at others. Some few months ago, the president of your commission suggested the idea of looking particularly into this subject, and the matter has received considerable attention by me, particularly in regard to the method of serving food and preventing waste, for instance, at Group 3, 428 patients received the same articles of diet and here we made the following comparison with the Flint dietary: First, 8 1-3 ounces beef issued to each patient daily; second, 6 1-2 to 7 7-8 ounces of fish, on days when meat is not given; third, 17 1-2 ounces bread; fourth, 8 1-6 ounces potatoes; fifth, 1 ounce sugar; sixth, 1 3-5 ounces butter; seventh, 7-10 ounce rice, hominy, etc. The amount of milk issued to patients in this building is variable, and 30 dozen eggs are allowed daily for extra diet. Patients are also allowed fruits in season.

Flint dietary allows 12 ounces meat daily; 12 ounces flour; 12 ounces potatoes; 16 ounces milk; 3 ounces sugar; 2 ounces butter; 3 ounces rice, hominy, etc. It will be seen that with the exception of bread, we live in this building within the dietary, and yet our patients are well fed and nourished.

In this building, the experiment was made of weighing all the bread issued to 508 patients and employes, who dine in the general dining-room, and it was found that 130 pounds of bread was issued at dinner. In cutting, there was a waste of 12 pounds, which means crumbs and a few crusts, so that the amount issued to the tables in slices was 118 pounds. After the meal, 30 pounds was saved from the tables and there was a waste at the tables of 15 pounds. At supper, 155 pounds of bread was cut and 20 pounds was wasted in cutting, leaving 135 pounds as the amount issued. Eight pounds of this was saved from the tables and 12 pounds was wasted. At breakfast, 140 pounds was cut and the amount lost in cutting was 14 pounds, leaving 126 pounds as the amount issued. Twelve pounds was saved from the tables and the waste was 11 pounds. Hence, we find a waste of 46 pounds in cutting during 24 hours, the amount recovered from the tables and perfectly good for use 50 pounds, and the amount actually wasted, 38 pounds.

It might be well to add, however, that whenever possible, partial slices of bread and crusts are used for making bread pudding and that a certain number of patients prefer the crusts.

In this building, we are now considering the feasibility of issuing more soups and so-called soft foods for the comparatively

Classification of the Insane

helpless demented, and making the proper distinction in the service of the food. It is apt, however, to arouse some feeling on the part of these patients, when they see the more robust classes having a different dietary. As a matter of further economy, we have assigned one dining-room girl in this congregate dining-room to cut the bread for all the tables, and directed that each slice be cut in two. Among the women in the Central Hospital East, it was noticed that they did not eat all the meat that was served, and, therefore, the amount issued has been slightly decreased.

In this group of buildings, food is generally served from hot dishes and in order to obtain economical service orders were issued that only half as much be given as formerly, and that in the middle of the meal the dish be again passed, so that any who desired it should receive an additional supply.

In the Central Hospital West, we found that most of the meats were eaten and relished. The bread also is up to the standard amount and but little waste occurs, not so much as at Group 3.

This whole matter of dietary is in my mind one of experiment and it would seem advisable to appoint a committee to consider the whole subject and prepare if possible an elastic diet table for the different classes of the insane, using the Flint dietary as a basis, but varying it as is necessary by the exigencies of the service.

Our ratio of day attendants for the acute insane is 1 to $4\frac{1}{2}$, and for night attendants 1 to 39; for the sick, 1 to 8 during the day, and 1 to 34 at night; for the convalescent class, 1 to $12\frac{1}{2}$ during the day, and 1 to 148 at night; for the disturbed insane, 1 to 9 during the day, and 1 to 48 at night; for the demented and untidy, 1 to $10\frac{1}{2}$ during the day, and 1 to $47\frac{1}{2}$ at night; for the quiet and working classes of the chronic insane, 1 to $13\frac{1}{2}$ during the day, and 1 to 70 at night."

WM. MABON,
Superintendent.

OGDENSBURG, September 25, 1897.

ROCHESTER STATE HOSPITAL.

"In reply to your letter of September 20th, I would say that the best practical means to accomplish the classification at this institution in such a manner as to discriminate between the hospital cases and the more able-bodied chronic cases, would be to erect a "hospital building" south of Elmwood avenue, where new patients would be received and the sick and infirm would be

Classification of the Insane

cared for. The proposed building to have its separate kitchen and nursing service.

At present we undertake to discriminate in the dietary for the different classes of patients, but with unsatisfactory results as the recoverable cases are necessarily mingled in the wards and dining-rooms with those who are not recoverable. This plan is necessitated by the lack of structural facilities.

Our ratio of day attendants is about 1 to 10, and of night attendants about 1 to 45. If only chronic cases were cared for the ratio of day attendants should be about 1 to 13, and of night attendants about 1 to 60.

I believe that in a building where acute and sick cases were cared for, the ratio of day nurses should be about 1 to 5, and of night nurses about 1 to 10, but actual experience might prove this estimate to be incorrect."

E. H. HOWARD,
Superintendent.

ROCHESTER, *September 27, 1897.*

LONG ISLAND STATE HOSPITAL

"In reply to your recent circular letter regarding the classification of the insane with reference to discrimination in diet, I would say that, as I stated recently to Commissioners Brown and Parkhurst, I have already arranged for a new classification of our patients with a view to making such discrimination. It has appeared to me impracticable and undesirable to place all chronic cases on a diet lower than the general diet now in use at this hospital, for the reason that quite a large proportion of our chronic cases are employed at some form of labor which, in my opinion, calls for the rather generous diet at present supplied. I would also say that for the past seven or eight months a discrimination in diet has been made at this department between the working class and the non-working class of chronic cases; the discrimination has, however, in the past, rather tended to giving the working class a more generous diet than the Flint schedule provides for, and the non-working class a less generous diet than this schedule provides, rather than to cut down the general average. With regard to our proposed plan I have arranged the following table:

1. Extra diet.
2. General fare—For all acute cases and such chronic cases as are employed at regular labor out of the wards.

Classification of the Insane

3. A lower standard of fare—For the chronic unemployed class, including the demented, filthy, many of the epileptic and the chronic violent cases. This class will also include many of the old infirmary cases in our so-called hospitals wards, also many of the phthisical cases.

The extra diet, which will be ordered specially for each individual case, will be given to all who are considered curable that may require it, and to such of the "sick," including the cases of tuberculosis, whose condition would seem to demand it.

I have arranged a schedule of meals for the chronic unemployed class which will be put into operation within the next two or three days. It will be necessary to watch this experiment for some time in order to determine just what the result will be, and how great the saving effected. My belief is that about 50 per cent. of our cases can receive the lower standard of diet at no disadvantage to themselves, and with a considerable saving to the hospital.

With regard to your request as to the ratio of day and night attendants to the acute and chronic class, I would say that up to the present time there have been but few acute cases at this department, and they have, necessarily, been cared for in wards containing many chronic cases; I cannot, therefore, satisfactorily answer the question asked at the present time, as it applies to this department; as soon as I have heard from the Brooklyn department regarding this matter, I will transmit the information to the Commission.

Under date of October 2, 1897, the acting general superintendent wrote as follows regarding the Brooklyn department:

"In compliance with your request of September 25th, for the ratio of attendants to acute and chronic patients, would say that at the Brooklyn department of the hospital the ratio is as follows:

Day attendants to acute patients.....	1 to 9
Night attendants to acute patients.....	1 to 30
Day attendants to chronic patients.....	1 to 14
Night attendants to chronic patients.....	1 to 65

The dining-room attendants are not included in this statement."

O. M. DEWING,
General Superintendent.

KINGS PARK, September 24, 1897.

Classification of the Insane

MANHATTAN STATE HOSPITAL

"In answer to the inquiry of your Commission, I beg to say that with the present overcrowding of this hospital any very systematic classifying of its patients is not practicable.

As a general rule, the branches at Blackwell's and Hart's islands contain only chronic cases of insanity, incurable so far as that disease is concerned; while the more acute cases are retained at the two departments, male and female on Ward's island.

So far as the question of discrimination in diet between the different classes is concerned, I am of the opinion that a more liberal allowance should be made to those who suffer from a curable form of insanity, those whose cases are recent, and those who are suffering from other physical diseases. I am of the opinion that a dietary of the general nature of that in use prior to the adoption of the experimental tables of the last three months would be a proper one for the average hospital patient, and that additions might properly be made in the form of special or extra diet for patients comprised within the classes which I have mentioned—the more acute and curable forms of insanity and those with complicating physical disease."

A. E. MACDONALD,
General Superintendent.

WARD'S ISLAND, NEW YORK. *February 26, 1898.*

CHAPTER 19

HOSPITAL ATTORNEYS

The Commission, in its last annual report, recommended or suggested, in a qualified way, that the system of conducting the legal business of the State hospitals might, with advantage, be changed. In pursuance of this suggestion, the Legislature, in 1897, chapter 460, provided for the appointment by the Commission of an attorney for each of the State hospitals to conduct all the legal business of such hospitals, whose compensation should be fixed by the Commission.

Prior to 1895, each department of the State government was left free to employ such legal assistance as it might deem desirable. During that year, however, the Legislature provided that all of the legal business of the State should be performed by the Attorney-General or by attorneys appointed by him. Experience showed that this system did not work satisfactorily or well. Attorneys were designated for particular matters by the Attorney-General without reference to the wishes of the hospitals or the Commission, and each attorney for any service he might render, was paid an amount subject to the approval of the Attorney-General. This method of performing services and the payment thereof was in the highest degree unsatisfactory. It was both expensive and unproductive of the best results. It is not the policy of the State to encourage or prolong litigation—most of the matters which arise are those which can be settled by the judicious advice of a competent attorney, thereby saving costs and trouble.

An examination also of the bills for attorneys' services rendered over a considerable period of years showed, beyond a question, that the amounts paid for attorneys' services throughout the State were very large for the services performed, while in

Hospital Attorneys

a vast number of instances work that should have been performed was neglected, by reason of the fact that the Attorney-General seemed unwilling to designate an attorney until actual proceedings had been begun.

Pursuant to the provisions of chapter 460, Laws of 1897, the Commission has appointed, during the past year, an attorney for each of the State hospitals, and fixed the compensation of each with reference to the work to be performed; the gross amount paid to these attorneys in the aggregate is a small one compared to the amount of business and the number of patients. In short, the gross sum adds almost imperceptibly to the maintenance or fixed charges.

Already the results obtained have been most satisfactory, and the work performed has more than paid for itself many times over in concessions which these attorneys have obtained from railway corporations in the way of reduction of rates. Moreover, many small matters of detail which can only be arranged through the intervention of an attorney have been promptly attended to. Differences existing between municipalities and the State have been quickly adjusted, and much friction and trouble has thus been avoided. These attorneys are also required to immediately investigate all accidents which occur to patients, and thus are able to secure immediately, while the evidence is fresh and in a form in which it can be understood and appreciated, all the circumstances which surround such cases.

The Commission is aware that this action has been criticized, but the criticism has mainly arisen from a misunderstanding of the circumstances. It is believed that in practical operation the measure will have approved itself undeniably salutary and economical.

CHAPTER 20

HOME CARE OF THE INSANE

An effort has been made by some persons interested in the welfare of the insane to induce the Commission to recommend that the Scotch or boarding-out system for the insane be adopted in New York.

This is not an untried system. It has been in operation in Massachusetts for a considerable number of years. The results in that State, however, are not, in the judgment of the Commission, such as to warrant its recommending that the experiment, as it must be yet called, be tried in this State.

Admitting that the system has been a success in Scotland, it may be pointed out that the social, governmental and economical conditions are not in the State of New York what they are in Scotland. It must be remembered that the government of Great Britain is practically a strongly centralized government; that the peasant class in Scotland are much more submissive to law than the corresponding class, which would be expected to care for the insane in this State. A word or a suggestion from a public official in Scotland generally carries much weight with it. Moreover, through long centuries, the Scotch people have become accustomed to strict obedience to the mandates of the law. In this State, as well as in this country generally, where greater freedom of individual action is permitted, and where the government is less centralized, the inhabitants are not, to the same extent, inclined to unhesitatingly obey the laws of the State, and, therefore, for this reason alone, if for no other, it is feared that the experiment would not be a success.

It will be conceded that the only families who would undertake the care of even the harmless insane are those whose ideas and conceptions of the rights and duties which such a relation to

Home Care of the Insane

insane persons would impose on themselves, are apt to be vague and imperfect. No family, in even moderate circumstances, would care for the mere stipend which could be paid to look after such a troublesome class of cases, and there is little doubt that if such a system were in vogue the effect on the community or the families themselves would be most unfortunate, to say nothing about the results to the insane. A large class of the insane, while not prone to criminal tendencies, yet, if left to themselves or not closely guarded, are apt to commit acts which, in the case of sane persons, would be regarded as criminal, as they are especially given to incendiarism, to disturbances of the peace and to personal violence. Therefore, in considering the subject, all these things should be taken into account.

But in the judgment of the Commission the chief argument against this system would be the fact that insane persons so boarded out would be removed entirely from all opportunity of hospital care and treatment. It is well known that considerable numbers of those insane who are classified as "chronic," do recover even after extended periods of time. The advantages, to the State of the recovery of the insane, as has been pointed out elsewhere, are too great to intermit any effort in this direction. It may be assumed that the fixed charges for caring for the insane in families would be substantially the same as those of a public hospital. The only gain that could possibly be effected would be in the providing of accommodations. This gain at the present time, while considerable, is not large enough, in the judgment of the Commission, to justify a resort to such a method of caring for these unfortunates. The real thing to be looked at is the practicability of the discharge of the insane as recovered or improved, and to thereby enable them to look after themselves without charge of any sort to the State.

As showing the results of the experience had in Massachusetts, the Commission quotes from the report of the Board of Health, Lunacy and Charity of that State in their report for 1896.

"Sufficient time has now elapsed to form an estimate of the result of the experiment (the boarding-out system), with refer-

Home Care of the Insane

ence to the well-being of the patients, to hospital management, and to the community at large.

First, with regard to the patients. An improved condition is to be found in typical cases placed in typical families; that is to say, in chronic cases of good physical health and quiet and tidy habits, placed in families without young children, and one or both of whose heads have had hospital training. In such a family the patient enjoys home comforts and pleasures and a measurable return to his former habits of life; while, through the previous training which the care-takers have received, enough of the hospital system appears to help ordinary family government. In such a situation the flickering remnants of mental activity are stimulated by the presence of old and familiar habits, and the patient is happier than in the hospital. Such combinations in families, however, are very rare, there being among all those who have patients to board but a single instance where both husband and wife have had hospital training. This family has had continuously four male patients, who are comfortable and well cared for, and the family is making money. A large hill farm has been purchased by them, and—largely through the aid of the patients' labor, and the revenue derived from their care and support—has been paid for, and is now quite productive. These people are thrifty, good managers, not afraid of work or the sacrifice of personal comfort, and yet even they are tiring of the strain which this constant and unremitting attendance occasions. They can never leave home together without first securing some reliable neighbor to take charge in their absence; and as this is not always easy to arrange, one or the other almost invariably remains on the farm.

Again, there are several families where one member has had hospital training, and in these cases, on the whole, the experiment may be regarded as fairly successful.

In regard to those families that have had no previous experience with insane people, it is fair to state that they provide excellent homes for some of the milder cases, but as a rule, the duty they undertake is a somewhat difficult one. Only such patients can be given them as are entirely tractable, little more than pieces of animated machinery, simply requiring to be comfortably clothed, housed and fed; these, on the whole, they take good care of; and there are several instances of this kind where patients have remained many years in the same family.

There remain other classes of families where patients have been placed for a time—such as families who take patients simply for the sake of gain; families where the homes are cheerless and unattractive, and the care-takers unsympathetic; families having

Home Care of the Insane

young children, either as inmates or frequent visitors (and it may be said here that the companionship of a person afflicted with insanity is extremely unsuitable for young and unformed minds, and is sometimes even attended with dangerous results); and families receiving patients who partly pay for their board in work. Under conditions otherwise favorable, some of these homes may be regarded as fairly satisfactory, but in many, trouble has so often arisen as to render necessary frequent changes of location. It is a significant fact that the demand for insane boarders invariably exceeds the supply, a considerable number of persons in different parts of the State being always ready to receive and care for all the patients offered them, for the small amount paid—\$3.25 per week being the highest rate allowable under the law. One applicant, for instance, stated that he had recently purchased a farm, on which there was a heavy mortgage, and he wished to take insane boarders in order to pay it off. Of course, this motive of personal gain, necessarily existing to some extent in every case of family care, does not exist at all in a hospital.

In cases (and they are in a large majority), where patients are expected, if for nothing more than their own good, to assist in the work of the family, there is always danger that too much work may be imposed upon them, and the most careful scrutiny has to be used to guard against this abuse. In the case of a patient whose mind is so impaired that his testimony cannot be rated at its true value, or who is too demented to express himself clearly on the subject at all, it is comparatively easy for the care-taker to conceal from the visitor the advantage taken of the patient's condition, and the imposition of tasks too severe for his strength. Such abuse has sometimes arisen without any intention or disposition to do wrong on the part of the care-taker, but because of insufficient knowledge of the patient's capacity for work, the criterion being that of a person in good mental and physical condition. Of course in an institution such conditions cannot obtain, for under the eyes of an expert official and the supervision of trained employees, the idiosyncrasies of all patients are recognized and their ability is rated at its true value.

A large majority of those boarded out are women, who are much more tractable than men, and more inclined to try the experiment; for no patients are ever placed out against their will, if they possess sufficient intelligence to make their preference known.

It may be observed here that patients in families are necessarily deprived of almost all the advantages of social life, the

Home Care of the Insane

amusements and entertainments, which form so large a feature of the ordinary hospital routine.

During the eleven years since this system was inaugurated, 34 patients have been discharged as self-supporting. These have mostly first been allowed parole; they are then visited in as quiet a manner as possible (for they often become quite sensitive on the question of the State's authority and continued visitation); and after they have satisfactorily shown their ability to support themselves, they are discharged. For these patients the system may certainly be said to work very well.

While the system was intended primarily and expressly for the care of the chronic insane, it seems to apply most happily to those who are on the road to recovery, the boarding-places proving convalescent homes for them, from which they go out to resume their places in the world. There have been several cases placed out who entirely recovered in this way, but whose recovery would have been doubtful or very much delayed had they remained in the hospital.

Among the obstacles to the entire success of the system may be mentioned the difficulty of securing in case of illness the same care that can be obtained without the slightest delay at the hospitals.

With regard to the effect of the system upon the hospitals themselves, it must be declared to be of but little, if any, value. The classes required both by law and necessity to be boarded out are those easiest to care for in the hospitals. The majority of such patients make no trouble, can sleep in dormitories without special watching, and are able not only to take care of themselves but to aid in the care of others. The number of paid employees in our hospitals is so small that much of the work must be done by patients, with the result not only of a considerable saving to the State but of being a wise adjunct to the treatment of the patient. Thus the greatest number eligible for boarding out are either quiet patients, doing no work, and requiring the minimum of hospital care, or else chronic cases, helpful to themselves and others, whose departure reduces the working force of the hospital. It is due the several superintendents to say that they have greatly assisted in the trial of the system, and in many cases have gone so far as to recommend some of their most efficient workers.

A word remains to be said with regard to the effect of the system upon the community at large. Notwithstanding the fact, already stated, that the demand for patients is always greater than the supply, the number of families in the State who really

Home Care of the Insane

care to take such boarders is after all comparatively small. They fear danger to themselves and the patients; and even where they do not hesitate on their own account, their neighbors have the moral if not the legal right to demand that no person shall be placed near them liable to injure them or their property. The influence on children is far from good, as already stated, and most women shrink from near association with persons of impaired intellects.

The law permits none but State cases to be boarded out under the direct authority of the Board. In all city and town cases, the consent of the overseers of the poor must first be obtained, and in most instances the town authorities either are inclined to disbelieve in the system, or, if they approve of the boarding out of patients, prefer to care for them in their own almshouses. This reluctance on the part of the overseers of the poor is one serious obstacle to the success of the system. During the year ending March 31, 1896, 86 persons were discharged to the overseers of the poor from the different hospitals, most of whom were eligible for boarding in families. Were small towns forbidden by law to make their almshouses receptacles for the insane, the number of those boarded out would be largely increased.

It may be fairly concluded, then, that convalescent cases receive the most benefit, and that for them the system is best suited; that chronic and incurable cases can be placed out to good advantage, under proper conditions, which are difficult to find; that there are comparatively few patients who receive more benefit than if they remained in a hospital; that the happiness and comfort of a large majority of those now out at board have not been increased by the change; that neither the hospital nor the commonwealth is materially benefited; that the community at large has certain claims in regard to the subject that the State should not ignore; that under the present laws the system can be extended very slowly, if at all."

CHAPTER 21

Improper Commitments to State Hospitals

With the improved care and treatment accorded to the insane, there has ensued a greater public confidence in the State hospitals, and the resistance to their use as places of custody and treatment by friends and relatives of the insane has largely disappeared. This is operating disadvantageously to the State hospital system, by bringing a pressure to bear on the hospitals for the admission of a class of cases that previously have been cared for in homes, and that do not require the special facilities provided for the insane in the State hospitals. This is chiefly applicable to dotards, or cases that by virtue of advanced age have the imperfect use of their mental faculties and are bodily decrepit. They are in no sense insane within the meaning of the law, as far as commitment to a State hospital is concerned, although they may be mentally defective. They are near the end of life and are in a state of dotage. Their mental enfeeblement is the "second childhood" of man. They are, doubtless, a source of annoyance in the household, and where the ties of filial affection are weak and confidence in the humane care given by the hospital is strong, the result is a desire to transfer the family burden to the State. In England the recourse is the workhouse, which corresponds to the almshouse in New York; and in no country are dotards accepted in the hospitals for the insane. The insanity law gives the superintendent of the hospital power to prevent the reception of old persons, idiots and epileptics who may be mentally defective, but not insane "within the meaning of the statute," and this statutory power has been confirmed by several decisions of the Supreme Court. It is held by some that this power is too

19

Improper Commitments to State Hospitals

arbitrary to be lodged in one person, by whom it may be abused; but it must be placed where a determination of the fitness of the case for admission can be made without delay. Usually an appeal to the friends upon the rational plea of an unnecessary and probably fatal risk to the patient, of a change of residence, or the assurance that no possible improvement can be effected in the patient's condition, and that the care afforded will be of a custodial character only; or an appeal to the affections and the debt of life, which all children, by nature, owe to their parents, has the desired effect. The greatest temptation lies with county officers of the poor, who know that in every case of a dependent committed to a State hospital the county is relieved from further expense. From this source has come chiefly the complaint that the hospitals will not perform the work assigned them. There seems to be an impression in some quarters that the State has undertaken to care for all the mentally defective by the State Care Act. This is erroneous, and if the law is not sufficiently plain, it should be amended to define the class of defectives who are not insane "within the meaning of the statute." An inquiry into every complaint of the nature cited has been made by the Commission, and they are satisfied that without exception the superintendent has acted strictly upon the merits of the case. Patients are frequently allowed admission to the State hospitals, upon proper commitments, who are not statutory cases for admission. They are, doubtless, patients who sadly require care elsewhere, and superintendents are inclined to err oftener in admitting than in declining doubtful cases. The number of such cases adds materially to the aggregate annual increase of the insane, and reduces the ratio of recoveries to admissions, and materially increases the ratio of mortality.

Dr. G. A. Blumer, superintendent of the Utica State Hospital, gives an account of seven cases of senility admitted to that institution during the year. These cases were probably technically insane, but their defect existed in a loss of mind rather than its derangement. Five of these cases died within the year.

Improper Commitments to State Hospitals

They were, speaking plainly, brought to the hospital to die. Yet it must be apparent that this is not the purpose of an insane hospital. Nearly all of them were bed-ridden when admitted. One lived fifteen days, one thirty days, one eighteen days, one sixteen days and one fifty-three days. They were chiefly transferred from almshouses and were received on the assumption that the facilities at the almshouse would not permit the ordinary humane care that it required of them in life's closing hours. Another patient was admitted in the last stages of Bright's disease, with uraemic delirium, and not insane in any sense. She was in a precarious bodily condition when admitted and lived but a month. Another was admitted suffering from the mild depression caused from cancer of the stomach, and lived one month; was in a precarious condition when admitted. The mind symptoms accompanying nearly all organic diseases are too readily mistaken for insanity, of which the case quoted is a type.

It is possible to report similar cases from each one of the State hospitals, but an illustration is sufficient to show the attitude the public now holds to the State hospitals. The difficulties and complaints are not as frequent as were anticipated or predicted under the provisions of the State Care Act. Much is due to the tactful use of the powers conferred upon superintendents by law. They have cause for frequent complaint because of errors committed by medical examiners in lunacy and by courts in committing patients in an improper physical condition for transfer. The following case reported by Dr. W. A. Macy, superintendent of the Willard State Hospital, illustrates the point in question:

"R. H. (male) was admitted on September 10, 1897; he had advanced phthisis and was confined to bed; he was somewhat irritable and it was said had been violent towards his relatives. He died on October 7th, and in my opinion was at the time of his commitment in such a reduced condition that he might very well have been cared for outside a hospital for the insane. After being received his physical condition was such that we would not have been warranted in discharging him to his friends, as he would probably have died while being transferred."

Improper Commitments to State Hospitals

" Another class of cases which are committed under error to the State hospitals are persons suffering from acute and chronic alcoholism. As soon as the poison is removed and eliminated from them, they regain their normal and mental equilibrium. Some excuse exists for the commitment of these patients to the hospital, as they are usually extremely troublesome members of a community and present many of the symptoms of insanity. The following is a case in point: " F. S. (male) admitted August 30, 1897; the history which attended the patient did not point conclusively to insanity; an investigation made by one of the medical officers of the hospital, who went to the patient's home for that purpose, revealed the fact that he was simply under the influence of liquor when he committed the act which led to his commitment to the hospital; he showed no evidences of insanity while here and was discharged as not insane thirty days after commitment."

A most persistent effort to commit dotards to State hospitals has been made in New York city and Brooklyn. It has been evident that officers of the almshouses in the two cities mentioned have endeavored to relieve themselves from all cases, whether dotards, idiots or epileptics. Many of these patients have been physically unfit for transfer and the results show that the process of transfer proved fatal to them. Where the physical condition has permitted their safe return, they have been discharged not insane after sufficient observation in the hospital. A few cases will illustrate the fatal effect which has followed the act of examination and removal to the hospital and in nearly all cases where patients have died shortly after admission their condition at the time of admission has been serious. L. A. (woman) age on admission seventy years; admitted November 6th; died November 12th; dotard. C. S.—Age, eighty-nine years; admitted, April 13th; died, April 18th; dotard. C. P.—Age, sixty-eight; received in a moribund condition, June 23d, and died the same day. M. H.—Age, seventy-four; admitted October 27th; died October 31; dotard; suffering from apoplexy. J. V.—Admitted, November 5th; died, November 7; age, fifty-two; suffering from pneumonia; in a state of muttering delirium and coma. P. H.—Admitted, November 9th; died, November 17th; age, eighty-two years; suffering from old age; chronic Bright's disease

Improper Commitments to State Hospitals

and fracture of the rib. S. W.—Age, seventy-two; admitted, November 14th; died November 15th; old age and organic disease of heart. L. R.—Age, seventy years; admitted, November 30th; died December 1st; dotard and in a dying condition when admitted.

The above instances could be multiplied but a sufficient number are given to illustrate the difficulties that are experienced in the hospitals in relation to the profession and public. Protests are invariably made by the superintendents of hospitals against the reception of such cases, but after the commitment is effected, and the judicial order is obtained, friends and public officers are very loath to have their purpose frustrated. As a rule when hospital superintendents request the return of cases improperly admitted county officials comply readily. In Kings county, however, there has been a persistent refusal to receive patients from the hospital into the almshouse who are not insane “within the meaning of the statute” until quite recently. A proper understanding seems to have been arrived at between the board of managers and charity commissioners and we do not apprehend any future trouble.

CHAPTER 22

MONTHLY CONFERENCES

Section 37 of chapter 545 of the Laws of 1896, constituting chapter 28 of the general laws and known as the "Insanity Law," provides as follows:

"The superintendents of the several state hospitals, or their representatives, including the general superintendents of the Long Island and Manhattan state hospitals, and, in the discretion of each board of managers, one member of each board to be designated by it, shall meet at least once in every month, on a day to be appointed by the commission at Albany, or at such other place as may be designated by it, to consult with such commission with reference to matters relating to the care and maintenance of the state hospitals and particularly with reference to the purchase of supplies for their use."

These conferences were evidently intended to be devoted to the consideration of administrative work and to effect a unity of action on the part of the several hospitals in methods of administration, the selection of the best means of accomplishing the purposes for which the hospitals were created, and in securing the best results in the purchase and use of supplies. The medical service and questions connected therewith, although not outside the scope of these conferences, are considered more appropriate for the medical member of the Commission to discuss at his several visits to the State hospitals with the medical superintendents.

The conference includes each member of the Commission, the medical and general superintendents of the State hospitals, and each board of managers may have a representative. Medical questions and the medical service do, however, enter into the proceedings at times, as the minutes of these conferences will show.

Monthly Conferences

The results of these monthly conferences have subserved the interests of the State in the matter of economical purchases and the use of supplies and in improved administration. The proceedings show perhaps more in detail what efforts have been made, not only by the Commission but by the superintendents, in improving the condition of the hospitals than could be shown in any other manner, and the Commission deems them of sufficient interest to report them, although all extraneous and surplus matters are omitted. In other words, the reports of these conferences are carefully edited so as to somewhat reduce the amount of printed matter. Reference may always be had to the original stenographic reports, which are on file in the office of the Commission.

The consensus of opinions of a majority of the superintendents is a sufficient basis upon which to found a conclusion upon almost any subject connected with the administration of the hospitals. The proceedings give an amount of detailed information that may be of interest to the legislature and to the public relative to the internal affairs of the hospitals, and about which there is sometimes a considerable misapprehension.

It has been the unanimous opinion of the superintendents and the Commission that an occasional meeting of the stewards with the Commission might accrue to the interests of the hospitals, as they are by law the purchasing officers under the direction of the superintendents. There is no question but that this forecast has been fully realized, but inasmuch as the proceedings of the superintendents and the Commission cover substantially the same ground, the minutes of the stewards' conferences have been omitted. Full stenographic reports, however, of these conferences are on file in the office of the Commission and can be referred to.

OCTOBER CONFERENCE, 1896

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol,

Monthly Conferences

Albany, on the 29th of October, 1896, under the provisions of section 37 of the Insanity Law.

Present—Commissioners Wise, Brown and Reeves. Superintendents Blumer, Utica; Mabon, Willard; Pilgrim, Hudson River; Hurd, Buffalo; Wagner, Binghamton; Howard, Rochester; Sylvester, Long Island; Dent, Manhattan; Allison, Matteawan; Acting Superintendent Hutchings, St. Lawrence; Steward Leonard, Middletown State Hospital.

The president of the Commission, chairman *ex officio*.

The chairman stated to the conference that the Commission had passed upon the report of the committee on wages on all questions except one, which was in regard to waitresses and chambermaids. This was a doubtful matter, which should be considered by the conference. The present schedule gives waitresses and chambermaids from \$13 to \$16 per month, with an increase of \$1 a month after each year of continuous service, until the maximum is reached. The committee's report gave waitresses and chambermaids from \$14 to \$18, with an increase of \$1 per month at the end of each six months. In short, it makes waitresses and chambermaids equal in point of wages to women attendants. The Commission believes that this change would have a tendency to put servants on the same basis as attendants, and thus have a tendency to lower the estimation of attendants. It will lessen the importance of the ward service in the estimation of employes. The question is now submitted for the advice of the conference, and the Commission will be guided by the consensus of opinion of the superintendents present.

Dr. Wagner stated that, in his opinion, the schedule should provide for a position known as head chambermaid. This head chambermaid should be of a grade at least as good as ward attendant. Other chambermaids might not be permitted to advance quite as far. He thought it was desirable to make some distinction between the grade of service of a waitress and chambermaid, and the grade of service of an attendant or nurse on the wards. At Binghamton the chambermaids have all been in the service long enough to be entitled to the maximum rate for that kind of service. One does the work of housekeeper, although it is not desirable to rate her as such, but she ought to have some recognition.

Dr. Pilgrim was decidedly in favor of making the wages of chambermaids and waitresses equal to attendants, but not of nurses. His experience had been that as soon as a waitress or chambermaid becomes useful, she desires to change to the ward as an attendant, and clamors for a change of service, and, a

Monthly Conferences

a result, the household arrangements are disturbed. He thought the distinction between the attendants and nurses was sufficient to maintain the pride they have in their work, and he voted for the recommendation of the committee.

Dr. Mabon indorsed Dr. Pilgrim's position, and desired to say further, that he did not think it would injure the service or humiliate the attendants.

Dr. Hurd indorsed Dr. Pilgrim's position.

Dr. Wise, in speaking for St. Lawrence, stated that until recently waitresses and chambermaids were getting \$10 a month. The change made by the schedule was such a marked increase that its effect was bad rather than good. He did not think the service had been as efficient as before. They had all been long enough in the service to get the maximum rate of wages, and he considered it unnecessary.

Dr. Dent was in accord with Dr. Pilgrim. He stated that at Manhattan considerable difficulty had been experienced in getting servants at the rate allowed by the present schedule.

Dr. Howard stated that attendants were frequently called upon to do all sorts of work, even to the work of a chambermaid and a waitress; that he considered an interchange of service with an equal rate of wages to be desirable. Jealousies did not exist. This had been the practice in Rochester for many years, and no difficulty was experienced until the present schedule went into effect changing the rate of wages for different services, and since then the service had been defective. The hospitals in cities are obliged to pay more for the services of waitresses and domestics than in country districts.

Dr. Sylvester's experience was substantially that of Dr. Dent's, and it had been difficult to secure domestic help at the scheduled rate. He favored the report of the committee.

Mr. Leonard reported that no trouble had been experienced in filling positions at the present rate of wages, although it reduced some of those formerly employed, but they all continued. They would prefer that the wages of waitresses and chambermaids should be increased.

Dr. Blumer stated that he had had no difficulty in getting efficient service at the present rate of wages, namely, from \$13 to \$16. He thought that the suggestion of Dr. Wagner, relative to a head chambermaid, was a good one. It seemed unfortunate that, in order to meet conditions at one institution where a little extra compensation might serve the purpose, one would have to increase the wages of those who, under the present schedule, are perfectly satisfied with what they are doing. He had a

Monthly Conferences

chambermaid who had been in their service for nearly thirty years, but no distinction was made in her rate or classification.

Dr. Pilgrim stated that in cities waitresses were paid more in private families.

Commissioner Brown doubted this statement, and said that it might be exceptional to find an increased rate paid by private families, in which opinion Commissioner Reeves concurred.

Commissioner Brown said that the argument in favor of the chambermaids and waitresses having the same compensation as attendants had some weight. Attendants had an opportunity for promotion to nurses, supervisors, etc., but from the domestic service promotion was not possible.

After a prolonged discussion of the technical difficulties experienced by the several hospitals in the domestic service, it was finally determined that there should be some pecuniary distinction between the position of servants and that of attendant, even if it was very slight. The recommendation of the committee was therefore amended to make the rate of wages paid to domestic servants from \$13 to \$18 per month, with \$1 per month increase from minimum to maximum after each year of continuous service.

The chairman stated that the next matter for consideration was the advisability of having a laundry inspector for all the State hospitals.

Commissioner Brown discussed this proposition, and said that the suggestion that an inspector should be permanently employed to inspect the laundries of the State hospitals, and, by methods of comparison, report what changes, if any, could be made towards improving the service and obtaining better results, had been previously discussed. It had been agreed that, if a desirable man could be found, it might be well to employ him for a month or two and see what suggestions he would make. Much can be learned by inspecting the methods of commercial laundries, which are operated for the purpose of making money and with an entire elimination of sentiment. An instance of this is shown in the use of marking ink. In one laundry he was shown the marking ink that was used exclusively, of a quality much cheaper than that employed by the hospitals. He said, "In State hospitals it all washes out," to which was replied, "If it washes out, they use too much bleach or powerful acids." He said, "Why don't you use these." The reply was "I cannot afford to do it in my business. If I used materials of that kind my customers would leave me. The clothing would

Monthly Conferences

be destroyed." A man of general information would not necessarily be qualified to judge of a laundry, and, obviously, a superintendent has to rely almost entirely on the experience of the laundryman. The appointment of an inspector might not be expedient, but it occurred to the commissioner that as there was such a wide disparity in the methods of the several State hospital laundries, there ought to be some explanation for it. No reason exists why there should be a great disparity in the number of employes and the amount of work that they do, the amount of material which is used and the results. If anything can be done towards bringing about some uniform system of obtaining the best general results or the introduction of economies, it seemed to him worth while to make an effort to do it.

Dr. Blumer considered it would be a difficult matter to find a competent man, who could afford to leave his own business.

Dr. Pilgrim said the great danger would be that such a man might immediately connect himself with some firm of laundry machinery manufacturers.

Commissioner Brown thought that we might as well assume that the same danger would exist by employing a person to investigate anything. If the laundries are investigated, discrepancies will be found that cannot be accounted for by any rational theory on the basis of the amount of work done or the cost of material. He was informed at Middletown, a few days since, that over a million pieces were laundered last year, and this statement was corroborated by Steward Leonard, who said that they laundered over 100,000 pieces per month.

Dr. Wagner stated they laundered about 30,000 pieces a week.

Dr. Wise stated at the last accounting at St. Lawrence it was 50,000 a week.

To inquiries, Commissioner Brown replied that a laundry inspector should be employed in the same manner as the electrical engineer for the State hospitals, to go about the State and examine the laundries and report. The trouble in each hospital is that information in regard to its operation is quite dependent upon the head laundryman. The complaint was made to him in several instances that the amount of work done for employes was so excessive that they could not do patients' work well.

The members of the conference unanimously approved the suggestion.

Dr. Howard requested that the committee on table cutlery be discharged, and a motion to that effect was carried.

Dr. Wise made a report, as chairman of the editorial committee of the State Hospitals' Bulletin, that the first year of

Monthly Conferences

the Bulletin had now closed, and that the fourth number was in print, and ready for publication. He presented his resignation as chairman of the editorial committee and requested them to fill the vacancy. He said also that for the last month or two the editorial work had been performed by Dr. Pilgrim, who had acted as chairman of the committee on account of the chairman's appointment to the State Commission in Lunacy.

Dr. Pilgrim moved that the resignation of Dr. Wise be accepted, and Dr. Blumer be appointed as his successor, which was carried unanimously.

Dr. Blumer said: "I am very much obliged to you for this mark of your favor. I would like to move that the sincere thanks of this conference be extended to Dr. Wise for the very admirable work that he has done on the State Hospitals' Bulletin, and that we accompany that expression of thanks with an expression of regret that he has been obliged to sever his connection with the journal that he has so satisfactorily and successfully established." Carried unanimously.

Representatives of the Automatic Heating Regulator Co., Yale & Town Lock Co., and the Silver Metal Co., were granted an audience.

Dr. Blumer moved that a committee be appointed to report upon the best table cutlery for the use of the State hospitals. Carried.

The chairman appointed as such committee Drs. Howard, Pilgrim and Blumer.

The chairman stated that as the general business of record had been disposed of, he would ask the patience of the conference for a few moments, and said:

"I am commencing upon an important work in an important position, succeeding a man who has made a reputation in the same position. In the suggestion I am about to make I do not desire to intimate, either directly or indirectly, that the matter has been heretofore neglected, but I am convinced that in the future more attention should be paid to it. I refer to the particular care of acute cases, or to what is known as hospital care. I am assured by my colleagues that this matter has received considerable attention on the part of the Commission, but that other matters have appeared to be more urgent, and that this has been deferred for a time, when the insane under the State Care Act could all be properly domiciled. In order that this matter may be digested properly, so that when we do get ready to act upon it, we will have the very latest thought upon the subject, and the impressions of the superintendents

Monthly Conferences

who have studied the question, I ask that each one of you, taking his own time, submit to the Commission his views upon the best design for construction and the best classification and organization of a building or buildings for the care of the acute insane, otherwise the hospital care for the acute cases that are ordinarily received from the average hospital district. I think this should properly come in the shape of a special report to the Commission upon the responsibility of the superintendent making it, and not carrying behind it any suggestions from boards of managers, as, in my opinion, it is wholly a medical question. Undoubtedly my colleagues will be glad to receive this information; but it must be understood that the request comes from the president of the Commission only, and does not carry with it any pledge as to the future action of the Commission. We desire the views of the superintendents in regard to this matter, so that when the time comes for action they can be referred to. My own views are that the care of the acute insane has not been sufficiently considered, and there are reasons probably existing, good reasons, why it has not been; but I think the time is coming when more attention can be given to that subject."

Commissioner Brown desired to say a word to supplement what Dr. Wise had said:

"I do not think that at any time that the subject of giving proper care to the so-called acute insane, or giving hospital treatment, if I understand the term properly, has been neglected. The first prominent suggestion presented to the Lunacy Commission when it was organized was towards securing proper accommodations for all the insane. At the time the Lunacy Commission was organized in 1889, it is well known that there were 2,200 insane, in round numbers, in the poorhouses of the State; that of the number of the insane that were under the State's care—about 8,000 I think at that time—one-quarter were cared for in so-called chronic institutions. I think it is generally conceded that at that time it was not regarded as necessary that they should be given anything more than mere custodial care; but the first thing to be done, of course, was to secure proper accommodations for the 2,200 in the county houses, and after that time it was to reorganize the old chronic institutions and bring those as far as possible up to the basis of the so-called acute institutions. Now the State has been laboring with the tremendous problem of securing the funds necessary to bring about these changes. You all know the \$500,000 appropriated in 1891, was to secure their transfer from the poorhouses. We had almost reached a point where the legiti-

Monthly Conferences

mate accommodations were equal to the number of cases when the counties of New York and Kings were made a part of the State system, and immediately there began a new deficiency in accommodations, almost equal to 2,000 beds. No one who is familiar with the conditions which exist in the county of New York, and in certain portions of the county of Kings, more especially in Flatbush, can fail to be impressed with the serious crowding which exists there. This is more particularly true in New York, where the buildings at Hart's island and Blackwell's island, portions of them, are scarcely fit for the proper stabling of a horse. The old Commission, and I think that the present Commission, with Dr. Wise at its head, feels the same thing, believes that the first and the proper thing to be done was to provide all of these people with suitable accommodations, and until that is done, the less important means of caring for the insane must necessarily be relegated to a greater or less extent. At the rate of construction of hospital buildings, by another year or a year and a half at least, taking all the crowding which exists in New York and Brooklyn into consideration, the problem will have been solved up to within 500 or 600 beds. When you come to consider this almost phenomenal achievement in the history of the insane in the State, and I think I can venture to say in this or any other State, it must be granted that the work given us to do has been well progressed. I cordially concur in what Dr. Wise has said. His suggestion is a most excellent one, and I think the time is closely approaching when more attention can be given to this subject; but, of course, it seems to me that until all of the insane are given good beds, are kept warm, and are in other respects provided for, that obviously this question of hospital care for the acute insane must be deferred. It will result probably in putting up buildings of more costly construction, but I am in thorough sympathy with the suggestion."

Dr. Wise further stated that he did not want it understood by the members of the conference that he took ground against his colleagues. He did think it undoubtedly true that the most important thing was to see that all of the insane were given a domicile, but he considered it of almost equal importance that they should be given every opportunity to recover, and that the several hospitals should have the necessary means, by which to properly treat them. He thought that in many of the hospitals they now existed; in some of them he was aware they did not, and until the time comes that they are furnished the more unimportant matters, such as improvements of the operative departments of the hospitals, which it is true in many

Monthly Conferences

instances are not wholly satisfactory should be deferred. It cannot be expected that the non-medical members of the Commission or of boards of managers should appreciate the importance of this to its fullest extent as well as the medical men of the conference; but that he believed it was necessary to emphasize the matter from time to time in order to give it the prominence it deserved. Moreover there was no harm in making preparation for a requirement that must be met sooner or later, and all he asked was that the views of the several superintendents as to the best method of providing for acute cases in their several hospitals should be prepared, even if it took a year or more to do it. He thought that the reputation of the State in the care of its insane would be enhanced more by making provision for the acute cases, and emphasizing hospital care than by the custodial care of the chronic cases, however important that might be.

Commissioner Brown suggested that a limit of time should be placed upon expenditures made upon special estimates, and stated that the Commission had been very much embarrassed by old items that had been acted upon, and old special estimates that had not been balanced. He thought that large contracts for buildings might be exempted.

This matter was discussed in detail by the several members of the conference, and it was determined that the plan suggested was feasible.

Dr. Pilgrim reported upon Commissioner Brown's suggestion that the barber keep a record of work performed in order to arrive at some sort of fair compensation on the basis of piece-work. It was found that after a month's experience that the barber would average about 600 shaves and 150 hair cuttings per week. At \$12 per week, this would equal $1\frac{1}{2}$ cents for a shave and 2 cents for a hair cut.

Dr. Howard reported that a record had been kept of the work done by the barber, with similar results. He assumed that if barbers were put upon piece-work, they would not be permitted to work at those prices.

Dr. Blumer reported that at Utica that the record had been kept, but they made the reports higher than the two former institutions.

Dr. Wagner reported at length to the effect that piece-work would increase the expenditure.

Dr. Mabon thought that it was entirely impracticable, and that it would not result in economy or improvement of the service.

It was also the opinion of several superintendents that the same check could not be placed upon a barber who slighted his work, and that the suggestion was not a practicable one.

Monthly Conferences

Dr. Blumer reported a case in which the hospital was notified to send for a patient, and when the nurses arrived the relatives refused to let the patient go, although he had been judicially committed. The friends made out the petition, and then changed their mind; the judge was in a distant part of the county and could not be communicated with. He asked, if under those circumstances the patient should be brought by force.

Commissioner Brown stated that he thought the attendant would have been exonerated if he had left the patient.

Dr. Pilgrim.—“Suppose he committed a homicide within 24 hours?”

Commissioner Brown.—“I think if you showed that the friends refused to give him up, there would be little doubt of the result.”

The chairman suggested that the judge should be communicated with, and the case reported to him with the result. Dr. Pilgrim stated that under the new law there was no provision for discharging a patient on bond, to which Commissioner Brown replied that they were not justified in preparing a form of bond.

The question of the display of a flag between Saturday and election day, at the request of both political parties, was discussed, and it was determined that as it was not a national observance, the hospitals had better not comply, as they might be accused of partisanship.

The chairman stated that the Commission would hold a stated meeting for the transaction of business two days before each monthly conference. He also stated that in talking with the stewards throughout the State they had all claimed that a good many advantages might be derived by the State if they could get together occasionally as a board of stewards, and talk over the question of purchases. The Commission had thought it advisable therefore to have the stewards meet once in three months in Albany, where they could meet the Auditor, and talk over matters pertaining to their department.

It was the consensus of opinion of the representatives present that this was a good suggestion, and it was unanimously agreed that it would be advisable to hold the first meeting of stewards in December.

The conference then adjourned for the consideration and revision of hospital estimates.

NOVEMBER CONFERENCE, 1896

Proceedings of conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 30th of November, 1896, under the provisions of section 37 of the Insanity Law.

Monthly Conferences

Present, Commissioners Wise and Reeves.

Superintendents Wagner, Binghamton; Pilgrim, Hudson River; Hurd, Buffalo; Howard, Rochester; Talcott, Middletown; Blumer, Utica; Macdonald, Manhattan; Sylvester, Long Island; First Assistant Frost, Willard; Dewing, Long Island (Medical Superintendent Kings Park department).

The President of the Commission Chairman *ex officio*.

Dr. Howard reported that the committee on table cutlery considering the matter of silver metal table ware found it necessary to ask for further time. The committee was able to report that the samples it had tested were German silver, sometimes called nickel silver. Its component parts are nickel, copper and zinc, and it is not very rich in nickel.

The committee were granted further time.

The chairman stated that there was a matter which should be brought to the attention of the superintendent, which had been brought to the attention of the Commission in different ways, regarding the purchasing officers of the hospitals, relative to their methods, how and where they purchased, prices that were paid, and the quality of goods that were bought. The superintendents were responsible, inasmuch as the statutes required that the stewards purchase under the direction of the superintendents. It had been alleged that some houses were favored in the purchase of supplies, and that considering the quality and price of goods the lowest prices were not accepted. The superintendents were therefore asked to carefully investigate this matter in all its bearings, and to determine, if possible, all the reasons for purchasing in one place and not in another. It has been stated that the stewards did not always disregard the personal element in making their purchases. He thought that this criticism would not generally apply, but it might occasionally do so, and the superintendents were requested to make a careful inquiry regarding it. He also stated that the Commission had considered it best to have a meeting of the stewards at its office once in three months, the first meeting to be held in December. The superintendents have strongly approved of it. When this meeting occurred, the Commission would state to the stewards that a future requirement would be the keeping of samples for a longer period. It found in making inquiry about the State that the samples upon which proposals are based are not retained, but are immediately disposed of as soon as purchases are made. In several instances questions have arisen that could not be settled because samples had been destroyed. He did not see any reason why these samples could not be kept in stock for a sufficient length of time, for six months where

Monthly Conferences

goods are not perishable, and be subject to inspection and comparison. In that case, if the Commission desired, or any question should arise, with reference to a hospital's failure to perform its duties with respect to purchases, it would have the option of sending a skilled person to review what had been done by the several stewards, and if the stewards understood that this probability was pending, it might exercise a salutary influence.

Dr. Howard suggested that it would be proper in connection with this matter to say that the requirement of the Commission that brands should be definitely stated in the preparation of an estimate is likely to make it impossible to get competitive bids on many articles. For instance, certain brands of oatmeal, the names of certain manufacturers would prevent other manufacturers from competing.

The chairman stated that he was not aware that such a requirement had been established, and after reading the circular letter referred to, under date of November 4, 1896, and addressed to the stewards of the State hospitals, he said that he saw nothing contained therein which would sustain Dr. Howard's contention; that the word "make" in the second paragraph referred to kind or style.

Dr. Howard stated that, if that were the case, he had misunderstood the meaning of the circular.

Dr. Howard moved that a copy of the minutes of the steward's meeting be forwarded to each superintendent promptly after the meeting, to the end that conflict of authority would be avoided.

Dr. Wagner considered it would be a good idea if the Commission would call the attention of the stewards emphatically to the fact that they were expected and required under the statute to carry out fully the instructions from the superintendent's office.

The chairman thought it would be superfluous when the law was so explicit that the entire responsibility devolved upon the superintendent. There is not an instance in the hospital organization where one officer is more subordinate to the other than the steward is to the superintendent.

Dr. Blumer thought that a statement as to the precise status of the stewards coming from the Commission at the outset would be of great value. There is nothing more annoying to a superintendent than to have a steward say that the Commission authorizes him, and it ought to be distinctly stated to them where they stand in regard to their authority.

The chairman stated that the Commission would gladly adopt a regulation which would prohibit the reception of any communication from the steward at all, if the superintendents de-

Monthly Conferences

sired to undertake all the detail work of that nature. If any communication has been held with the steward, it was probably to relieve the superintendent of details.

Dr. Wagner's contention was simply that some stewards who had been in service for long periods had grown into the way of magnifying their importance, and if the Commission during this meeting would impress upon them the fact that they are under the direction of the superintendents, it might save the latter some little embarrassment.

The chairman assured the conference that that would be done.

Dr. Blumer said that he considered the reference which was made about the scrutinizing of methods of purchasing as admirable. He knew from recent experience that much could be done toward economy by a broader method of purchasing than has obtained in some directions at their own hospital. There is a tendency on the part of purchasing officers to succumb to local influences.

Dr. Blumer stated that a local dealer had informed him the other day that it was impossible for certain firms to put in bids on muslins for the Utica State Hospital, because there was a certain make specified, and he explained to him what he had not known before that time, that these jobbers buy certain brands as it were and put that ticket on their goods, and no one else could get it. They get a corner on that kind of muslin, where precisely that same grade of muslin is sold elsewhere under a different name, so the only way is to specify muslin of a certain weight, and have the steward with his magnifying glass apply the methods that are in use in the factory.

The chairman stated that it would be perfectly legitimate to state that an article should be of a certain quality represented by a certain brand or make, that is of a quality equally as good. He did not approve of obliging purchasing officers to purchase an article made by only one firm. The principle is entirely wrong, and the Commission were opposed to it. With reference to what has been said about the purchase of muslin, he stated that it was well known that many hospitals use muslin that is called "Utica sheeting" or "Utica U," and where they do that it is in the general market, and prices can be asked of any dealer. Where a brand is named the Auditor knows what it means, and it stands for quality and size. The circular issued by the Commission would not interfere with the hospitals getting what they desired.

Dr. Howard stated that they had tried to name the maker of every article, and had found it to be an impossible undertaking.

Dr. Howard read correspondence in the matter of laundry

Monthly Conferences

inspector, and on motion of Dr. Wagner, the matter was deferred.

Dr. Wagner read correspondence in the matter of sugar ration, and moved that the cheese ration be cut from one ounce to half an ounce per diem, and that the sugar allowance be increased to the extent of one-half ounce as a daily ration.

Dr. Macdonald stated that on his return he had found a letter similar to the one addressed to the other superintendents, but had not had time to reply to it. He moved to amend Dr. Wagner's motion to the effect that in the option of the superintendent this change might be made; that the sugar allowance was too small; but he was not prepared to say that it should be increased at the expense of the ration of cheese. At Manhattan they consumed their full ration of cheese, and thought it would be better if it were left to the discretion of the superintendent as to what item should be cut off.

Dr. Talcott seconded the amendment, and Dr. Wagner accepted it.

The chairman stated that this question brought up an entirely new one. If it is applied to one article, it might be applied to the whole dietary, and leave it optional with superintendents to use whatever they saw fit.

Dr. Howard inquired if it was not stated in Flint's dietary that it is intended to have the articles interchangeable on a basis of cost.

Dr. Macdonald stated that the only increase would be in the matter of sugar, and that there must be a corresponding decrease in something else.

The motion as amended was adopted.

The chairman said that the Commission had had a request from Dr. Hrdlicka, the associate in anthropology of the Pathological Institute of the New York State hospitals, for the adoption by the hospitals of a form of examination that he has devised, chiefly while an interne at the Middletown State Hospital, and which, he claims, has received the approbation of the French authorities, if not of some other foreign countries. The chairman did not know as it would be worth while to read the lengthy communication. Dr. Hrdlicka had been invited to appear before the conference, but could not come. He suggested that the matter be placed in the hands of a committee for examination.

Dr. Talcott stated, in behalf of Dr. Hrdlicka, that he prepared this scheme after a good deal of hard work, and it was in the report of the Commission, and also in the report of the hospital at Middletown. It had been republished in full in the French Medical Review, and it was stated editorially to be the best

Monthly Conferences

scheme of the kind the editors of that paper had ever seen. Having received the indorsement of high medical authority in France, Dr. Hrdlicka was now anxious to have it meet with the approval of the conference of superintendents here. The scheme was comprehensive and clear. It would be a good scheme to work upon in any or all the State hospitals of this State, and he requested that it be adopted by the conference. It provides for a record of all hereditary influences, all abnormalities of childhood and youth, and for the abnormalities of disease during maturity. It provides also for the examination of women, the history of each case, and covers all of the physical, mental and moral peculiarities of each individual patient, and that it could be very nicely published in a little pamphlet or in a blank form. The thing could be put into the records in the case-book, or it could be put into one of the forms, and the blank forms could then be attached to the ordinary history of the case. It could be a preliminary history for each case. It was too extensive for all work, but where it was desired to make an investigation of a special case, it would come in very conveniently. It would not be necessary to use it in probably more than 5 or 10 per cent. of all cases admitted. As the blank form would cover every possible feature of any given case, it could be very properly adopted.

Dr. Howard moved that the matter be referred to the committee on forms and blanks for report. Carried.

The chairman requested that the several superintendents would see that a full explanation of items of special estimates should accompany them when they are presented. This is seldom done, and as a consequence the Commission is frequently embarrassed from a lack of proper explanation of items. It should also apply to the monthly estimates, unless it is an ordinary supply which is put in month after month. This is not only requested for the information of the Commission, but it becomes a matter of record, and can be referred to at any time. When the item stands alone, it signifies but little, except that the item is wanted. Where it is to be used, what it is for and any other useful information, should be stated. The manner of making estimates so that they are self-explanatory has not yet reached perfection.

Commissioner Reeves stated that in a case where a superior article was estimated for to take the place of an inferior one, that ought to be an extraordinary rather than an ordinary repair. If a wooden affair is to be replaced by iron or steel, at increased cost, there ought to be a distinction as between its being an ordinary or an extraordinary repair.

Monthly Conferences

Dr. Sylvester exhibited to the conference the Columbia Odorless Commode chair.

Dr. Talcott reported the case of a patient who had been taken out of the hospital at Middletown on a writ of habeas corpus, and was discharged, and the bills for the legal expenses on both sides were submitted to him individually. As he understood the law at the present time, such bills may be paid from any funds for the maintenance of the insane which may be available, and he asked if the Commission would approve of payment of bills of this nature.

The chairman stated that he did not think the bill was collectible; that he did not think the court had the power to order the State to pay a bill of this nature. It was not reasonable to suppose that the court could institute proceedings, and then order the Commission in Lunacy to approve the bills. He also stated that while habeas corpus cases were under discussion, it was his opinion that a superintendent was not justified in employing counsel to defend the commitment of a patient. All the superintendent was called upon to do is to show that the patient was properly committed to the hospital, and to make a proper return to the writ, allowing the court to take all further responsibility.

Dr. Talcott explained that the Commission in Lunacy suggested that counsel be employed to take charge of the case.

The chairman thought that the professional services of a lawyer were not always required in making a return to a writ of habeas corpus. The superintendent had merely to show the person was legally committed and that in his judgment he had not recovered. A defence was not justifiable. If the court wants to take the responsibility of discharging, it can do so.

Dr. Blumer reported that in the last habeas corpus case had at Utica, he took the ground that if the superintendent made his return, that was all that was necessary, and further than that it was none of their business, and, therefore, did not make any effort to employ counsel. He went before the court at Utica with the patient and his return, and the court took serious exception to his appearance in court without an attorney, and declined to go on with the case.

The chairman stated that this was unusual, as he had made at least four returns, and never had objection made to it.

Dr. Pilgrim stated he had made nine in one day without objection.

There was further discussion of habeas corpus cases, which was closed by the chairman stating that the matter had been referred to the Attorney-General for his opinion.

Monthly Conferences

Dr. Blumer stated that they had great difficulty at Utica in determining to what extent an employe should be entitled to his time on holidays. Take, for instance, Thanksgiving day. Should the attendants be docked for it? The rule which they had lived up to formerly, which it is believed emanated from the office of the Commission in Lunacy, was that the per diem men should be docked and that men who were paid by the month should not be; but he would like to have some definite ruling from the Commission, and some explicit opinion from the conference as to the whole matter of holidays. In his opinion, attendants to-day had far too many holidays.

The chairman stated that the attendant is entitled to holidays as a matter of right as far as it is consistent with the interests of the institution.

Dr. Blumer believed that the whole matter of holidays and leaves of absence should be inquired into more fully.

Dr. Wise considered that if attendants and nurses were expected to do their full duty, and do it well, they should have a fair amount of relief and recreation from duty, and that his experience had been that these people wear out oftener than they improve in the service. If that be true, it is certainly an evidence that they are not getting too much time. A reasonable liberality should be granted them in this respect, and the result would be a better service, as their hours are long and it is depressing work.

Dr. Blumer considered it was depressing in certain wards, but the men, especially, are out of doors a large part of the time, and they have it comparatively easy.

It was suggested that their hours were long, as they average over twelve hours a day, and during that time they have responsibilities. They are held responsible for any casualties that occur. If they occur through carelessness it results in their discharge and in their getting a black record, and this responsibility must be more or less a weight upon them.

Dr. Blumer asked if their hours were much longer than those of an assistant physician, and stated that their vacations were also longer.

The chairman stated that the average assistant physician gets about a month a year. Dr. Pilgrim had counted up the time his assistants received, and found that the least that any of them had was thirty-five days, and they ran up to fifty-five and sixty days, that is counting, of course, every day they were off.

Dr. Blumer considered that every fourteenth day is more than is necessary for attendants, and he brought this matter up especi-

Monthly Conferences

ally at this time to have a ruling as to holidays, as to who is entitled to a holiday and who not.

The chairman thought that it was a matter wholly within the jurisdiction of a superintendent to arrange.

The several members of the conference were asked their practice in regard to the legal holidays.

Dr. Wagner stated that the practice at Binghamton as to those persons employed by the month—all of the departments outside of the wards and domestic service—were allowed to have the day. Those that were employed on the wards and in the domestic service were allowed half the day, or they would divide up, one taking Thanksgiving and the other Christmas. The men in the operative departments, the engineer's department, are unable to divide the days; but are given an equivalent at some other time when it is possible to make it up to them.

Dr. Pilgrim's practice was the same.

Dr. Hurd's practice was to give four hours every holiday in addition to the regular scheduled time off. Also that mechanics who were employed by the day did not receive pay for their time, if they are off duty.

Dr. Howard could find no rightful authority to grant employes holidays, and, consequently, had not granted them. These days are treated exactly like other days in the year. If a day man was not there to work, he lost his time, and if a man employed by the month was not there he lost it. It did seem to him that that was the wording and intent of the schedule as adopted.

Dr. Macdonald stated they had no formal rules about the matter. They did not concede the right of any employe to demand a legal holiday. Any person who is paid by the State is paid when he works and not paid when he does not work.

Dr. Dewing stated that the custom at Kings Park was to allow attendants holidays—as many as could be spared. The mechanics who were employed by the month are always allowed holidays. The engineers and firemen are not, because their duties will not permit it. Men employed by the day are not allowed holidays. He had believed for a long time that it was wrong to allow the mechanical force employed by the month holidays and that the arrangement should be changed.

Dr. Talcott's practice had been to require all of the attendants to be on duty holidays, except at such times as a few could be spared, but they expected the mechanics to do their duty on holidays, if necessary. If the work is done, and the engineer can spare one, two or three from the force, he is allowed to do it, and sometimes others working by the month are allowed to be away for a few hours on holidays with full pay.

Monthly Conferences

Dr. Wise, speaking for St. Lawrence, said the practice was substantially as stated by Drs. Pilgrim and Wagner. As far as it was practicable to the service and the interests of the hospital, one set of the attendants would go out in the forenoon and another in the afternoon, and with the operative department, with the exception of the engineer's force, the same practice was followed. The laundry was usually closed in the afternoon on holidays like Christmas, Thanksgiving and Fourth of July.

Dr. Sylvester, on behalf of the Brooklyn department, stated that their practice was substantially the same as just stated.

Dr. Pilgrim moved that the entire matter be left to the jurisdiction of the several superintendents to arrange as the interests of the hospital required. Carried.

Dr. Hutchings presented a certificate of insanity, representing several defects that seemed to be common. One was that after the patient had been examined by two physicians, and the petition had been presented to the judge, the case went into court over some matter not directly connected with the patient, and the order of the judge was postponed about two days. The question is whether the certificate was valid, under those conditions, and whether a re-examination would be required if the time limit had expired.

Dr. Macdonald stated that his practice had been in a number of such cases to require a re-examination.

The chairman thought that as the examination was a charge upon the county, and the court usually protested against a re-examination, such would lead to a misunderstanding, and into a contest with the court. If the court certifies that the contest and hearing extended the time, and the case was in court in the meantime, the commitment and examination should stand valid.

Drs. Macdonald, Hurd and Howard stated that similar cases had been harmoniously arranged.

The representative of the Ashgrove Safety Valve Company exhibited to the conference an electrical indicator and explained its working.

The conference adjourned to consider hospital estimates.

DECEMBER CONFERENCE, 1896

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 30th of December, 1896, under the provisions of section 37 of the Insanity Law.

Present.—Commissioners Wise, Brown and Reeves. Superintendents Macdonald, Manhattan; Sylvester, Long Island; Wag-

Monthly Conferences

ner, Binghamton; Talcott, Middletown; Pilgrim, Hudson River; Hurd, Buffalo; Howard, Rochester; Mabon, St. Lawrence; Macy, Willard; Blumer, Utica; Allison, Matteawan; First Assistant Physician Frost, Willard.

The president of the Commission, chairman *ex officio*.

The chairman stated that a misunderstanding existed with regard to changes in the dietary that were under consideration last month. Dr. Wagner's motion was amended by Dr. Macdonald to allow the interchange of one-half the ration of cheese for an increase of one-half ounce of the sugar ration, at the option of the superintendent, and this motion was adopted by the conference, upon the statement of Dr. Macdonald that the Manhattan State Hospital used their full allowance of cheese. Dr. Macdonald was the only superintendent present who claimed that they used their full cheese ration. The chairman had looked up the consumption of cheese at the Manhattan State Hospital, and found that for the last six months, if they had used their full ration, they would have consumed 110,369 ounces, but that they actually used only 35,137 ounces, or about one-third of their ration allowance.

Dr. Macdonald stated that they used their full ration in the male department.

The chairman stated that the Commission had determined to act upon the decision of the superintendents to make a permanent change in the dietary to the effect of the resolution.

Dr. Pilgrim reported progress on the part of the committee on Dr. Hrdlicka's classification and examination of patients with reference to anthropological results, and stated that the committee's opinion thus far was that the plan was too complicated for practical use.

Dr. Talcott replied that it had only been advocated for special cases.

The committee was continued.

Dr. Howard, as chairman of the committee on tableware, reported progress, and requested the continuance of the committee for another month. He said that the committee had been delayed in their work by the difficulty of procuring samples, and that time was not given for the testing of the goods.

The chairman stated to the conference that the conference of stewards had been held the previous week, and that the minutes had been sent to each hospital. He called the attention of the superintendents to the introductory remarks at the meeting of stewards, which was to the effect that their meeting as a board in Albany did not place them in any more independent position than they had held heretofore, and that this fact was impressed,

Monthly Conferences

perhaps, beyond the measure of good taste, but as the superintendents, at the previous conference, had expressed so much anxiety about the matter, the Commission had thought it advisable to dwell upon the proper relations of stewards and superintendents. He has stated to the stewards that they were to act merely as the agents of the superintendents in carrying out the work of the hospital, even as purchasing officers. Wherever a question had arisen that was closely related to the work of the superintendents, it was not passed upon, but merely discussed. One of the matters brought before the stewards was the complaint from the Utica State Hospital manufacturing department that the other State hospitals did not order the goods they make, such as stockings, combs and other articles. The fault, upon inquiry, was found to be with the Utica State Hospital in not sending out sufficient notice to the other hospitals of the goods they were prepared to make and furnish, and that fault would be corrected. He thought that the Utica State Hospital should be relieved of their stock as far as the other hospitals needed their goods. It is either a question of purchasing from Utica or of the prison department.

Dr. Pilgrim asked, in case the same goods could be purchased cheaper and better in the open market, how they were to act.

The chairman stated that this question could not arise as it was not optional with the superintendents to purchase in the open market at their desire, if the goods could be furnished by the manufacturing departments of the hospitals or by the prisons. If the Utica State Hospital charged a higher price than the same goods can be bought for in the open market, quality considered, their price should come down. That is a fault that can be corrected. It has been found in looking over their accounts that they had been making a profit of 10 per cent. on one article, whereas it is not expected they should make any profit at all, and if they sell at the cost of manufacturing, they are gaining the results of occupation for the patients, and a full return for their outlay. In any case the profits of the manufacturing department do not reduce the per capita cost of maintenance. He again warned the superintendents not to buy in the outside market merely because either the quality or price of goods were not satisfactory, as each fault could be corrected.

Dr. Howard inquired if there were not other articles manufactured at other hospitals that could be supplied to those that do not manufacture, and thereby modify the number of articles for the prisons to make.

The chairman stated he thought that might be true, and if the hospitals making goods above their needs would make it known by a circular publication, the goods might be disposed of.

Monthly Conferences

He referred also to another matter that was considered at the stewards' meeting without action, but for presentation to the present conference. It was in regard to the manufacture of tin ware by the prisons, and a committee was appointed to make up a list of tinware, with sizes, weights, form, etc., that would be suitable for the State hospitals. The question of furniture was deferred for this meeting. He thought it would be well for the superintendents to appoint a committee to ascertain what articles of furniture could be manufactured by the prisons, and to make specifications of the same. The auditor made out a list from the treasurers' reports, which in his judgment might be manufactured by the prisons, and it included a very large number of items. It will be the duty of every superintendent, unless some committee takes the work, to ascertain what furniture, such as chairs, dressers, tables, etc., could be made by the prisons. Special articles of furniture, such as large cupboards for dining-rooms and other articles to fit spaces would have to be made to plans and specifications.

Dr. Pilgrim moved that a committee of three be appointed to make specifications for the different kinds of furniture necessary for ward service. Carried.

The chairman appointed as such committee, Drs. Pilgrim, Mabon and Sylvester.

The chairman inquired if brushes could not be made by the State hospitals, including tooth brushes, hair brushes and shaving brushes, and he also referred to step ladders, and inquired if the hospitals manufactured baskets.

It was ascertained that Binghamton manufactured baskets, but Dr. Wagner stated that they had not made a quantity sufficient to supply other hospitals.

The chairman suggested that the industry could be built up to a very large extent in this simple occupation, and that each hospital could make their own mats. The prisons also will insist on making all the knit underwear, cardigan jackets, women's vests, etc., unless the hospitals make them, and this should be an article for consideration on the part of the superintendents. In the matter of clothing also the committee should ascertain to what extent it could be manufactured by the hospitals.

Dr. Pilgrim referred to a previous exhaustive report on the question of clothing for patients by a committee a year ago, and Drs. Howard and Hurd, the previous committee, were reappointed to continue that work.

The chairman stated that in the stewards' conference a long discussion was held on the question of purchasing under the pro-

Monthly Conferences

visions of law which provides for two or more hospitals purchasing in quantities through their representatives, and it was the opinion of the stewards that nearly all staple articles could be purchased in that way, thus accruing to the benefit of the State by reduction in price, but this was also a matter deferred for discussion at the present meeting. The practice of the hospitals in reference to the use of cottons, such as sheetings and prints, was referred to after the auditor had stated that on standard prices of muslin the prices in the estimates vary from 5 to 15 per cent. in the course of a month upon substantially the same standard of goods. A committee of the stewards was appointed to consider whether it was practicable to purchase sugar for all the hospitals, and get the discount of one per cent. for carload lots, and this was really the only committee of stewards that was appointed, except the one for consideration of the matter of tinware.

Dr. Pilgrim suggested that a marked benefit would accrue to the Commission and to the hospitals, if some representative from the Commission's office could visit the hospitals occasionally and examine the methods of bookkeeping and accounts. It would result in much less friction and greater convenience and smoothness of running of both the hospitals and the Commission's offices. He was aware that the estimates each month contain suggestions which the stewards and bookkeepers do not fully appreciate, whereas a moment of explanation from the auditor would set them right.

Dr. Mabon endorsed Dr. Pilgrim's statement, and said that in his opinion this would remove the difficulties between the hospitals and the Commission's office.

The chairman stated that the Commission should take that matter under consideration. He also said that the Commission had announced to the stewards that hereafter samples that are received with competitive proposals shall be retained for either four or six months, so that the Commission can at any time send out an examiner who can compare these samples and examine the competitive bids, and ascertain whether charges that have been made that favoritism was shown to local dealers are true or not.

Dr. Pilgrim stated that the moral effect of that course would be excellent on the stewards and on the hospitals generally.

The chairman stated that it was now understood that the stewards were to retain their samples and their proposals on file a certain length of time for examination as a matter of routine and rule. The question of whether it shall be three, four or six months is still to be determined. The stewards seemed to think

Monthly Conferences

that it was entirely practicable, and that there was no reason why it should not be done; that it would be a protection for them, and they all seemed to approve of it. In regard to the question of purchasing in larger lots by the combination of hospitals, in order to get uniformity and the most favorable prices, that was deferred until this conference. He thought that, if the superintendents would approve, some arrangement might be made whereby the stewards could perform this work and relieve the superintendents entirely from its consideration. Either two or more stewards, for instance, could examine the question of staple cotton sheetings and other cotton goods that seemed to be used uniformly all over the State. A suggestion only was made by the Commission to the stewards, and they undoubtedly would have acted favorably upon the question, except for the suggestion that it be submitted to the superintendents at this meeting.

Dr. Pilgrim stated that in his opinion those were matters that could very properly be attended to by the stewards, and save the superintendents all annoyance and trouble; they had in any event to rely upon the judgment of the stewards in regard to those matters, even when they were the members of a committee; the stewards could consult the superintendents when necessary.

The chairman also said that the question came up whether it would be advisable to purchase staple articles of supply for a longer period than one month. It seemed to be the general opinion of the stewards that this would be practicable. However, in this matter, as in all others, the fact was constantly brought to the attention of the stewards that they were subordinate officers to the superintendents, and the latter should feel that the Commission in that respect did their full duty to them, as previously requested.

Dr. Pilgrim moved that a committee of stewards be appointed to consider the purchase of staple articles in quantities sufficient for three months for all the hospitals, and to allow each steward to do his own purchasing, and make a contract for all the hospitals. He thought that this was advisable for all articles except those that would deteriorate by age or loss of weight.

The motion was unanimously adopted, with the understanding that the committee would have no power except to report upon the advisability of the proposed method, and to report to the conference of superintendents with the Commission.

In reply to the complaint that the goods manufactured at Utica were too high in price, and not of the requisite quality, Dr. Blumer said that he considered the complaint very indefinite. In regard to stockings the complaints did not tell in what particular they

Monthly Conferences

are undesirable; otherwise the fault could be corrected. With reference to shape it must be understood that they lose this by laundering. He also stated that he heard no complaint about their stockings from their own patients, and that those made at first, although not good, had been improved upon, and that a stock was now in hand sufficient to meet any immediate demand. With respect to brushes he could not understand how they could be made any cheaper elsewhere, as the material they used was good and the charges made were simply enough to cover the wear and tear of machinery. He stated no better combs could be made than those made in the industrial department at the hospital, and that they were cheap enough and strong enough. The printing was well done and the prices were reasonable.

Dr. Mabon stated that the complaint of the brushes was not that the bristles were not good, but that they were not properly trimmed.

The chairman called the attention of the superintendents to the fact that four months of the new year had now passed, and that the estimates showed a considerable increase in the per capita cost for maintenance over the previous year. He warned the superintendents that they must look out for this, and see that excesses did not grow. With reference to certain articles that they were instructed towards the end of the year to lay over as far as possible until the beginning of the next year on account of the lack of funds, this might have had some influence, but in comparison with the first four months of a year ago when the same conditions existed, the estimates showed a marked increase. The superintendents were requested to give this their personal attention. The chairman also requested the superintendents to suggest questions that had arisen in their official work during the month, in order that they may be discussed, and suggested that if the superintendents would keep memoranda for discussions in the conference rather than to have the question arise after the conference had adjourned, it would be much better.

Dr. Pilgrim stated that the milk allowance of the Flint dietary was too small, even with the increased allowance made a year ago. It is a pint per day per capita.

Dr. Talcott stated that it should be a quart.

Dr. Pilgrim thought it should certainly be more than a pint, and he would be willing to reduce the sugar, cheese and almost anything else in order to get milk, as it was one of the chief articles of diet.

The chairman thought that he had never used more than a pint a day.

Monthly Conferences

Dr. Pilgrim stated that they had been reduced every month, and this month they had estimated for milk in lieu of cheese, and did not increase the sugar allowance, because they could get along on sugar and on cheese, but could not get along with a pint of milk. The milk is used for the sick chiefly. He thought if they had one-tenth more, or 100 quarts more for every 1,000 patients, it would be ample.

Dr. Howard stated that the Flint ration allowance does not provide for a per capita quantity of milk for special diet. His impression was that this question had been considered before, with the decision that they were to get the regular diet allowance and an addition for special diet.

Dr. Pilgrim stated that they were getting a pint a day for 1,800 persons. They had 100 sick in bed throughout the whole institution, and there were many old women who almost lived on milk, and that it was the cheapest article of food that could be given them, as a quart could be had for three cents, and it was a good deal better for them than eggs or other articles of diet.

The chairman thought that articles of diet might be consolidated, which could be revised for a certain number of persons, and could be substituted very largely with milk and eggs. He granted that there are 200, in a population of 1,800, elderly people, whose diet would be largely milk. If this was subtracted from the meat estimate to the equivalent of 200, it could be added to that of milk.

Dr. Pilgrim stated that they did practise that, but the trouble was that the meat eaters eat more than their allowance, and that they were drawing their full amount of meat. They take meat away from people who did not need it, and gave it to them who did need it, and even as it was the meat allowance was not more than it should be, as it was very moderate. As to milk, 10 per cent. more would satisfy them, although they could use 50 per cent. more to advantage.

The chairman stated that this was hard to understand, as Dr. Pilgrim's observations on the dietary allowances, after a year's experience, had been given as satisfactory, with one or two exceptions.

Dr. Pilgrim stated that he had made some criticisms about the milk, and it was increased from one-half a pint to a pint. He thought he was perfectly consistent on the milk question, and agreed with Dr. Talcott.

Dr. Talcott recommended that it be increased four-fold; that a quart a day is just a fair allowance for lunatics.

The chairman asked if they were not willing to make any concessions.

Monthly Conferences

Dr. Pilgrim stated that he was; but he did not think they could do it on meat, and inquired if it was not the intent of the Flint dietary that they make these changes as long as the per capita of expense was not increased. He thought they could reduce on butter.

Commissioner Brown stated that it was the intent of the dietary to make substitution to a certain extent, but if they were allowed to interchange on the basis of price, the whole matter would be thrown into inextricable confusion.

Dr. Pilgrim said that the milk question was the most important in the whole hospital dietary—more important than meat, flour, butter, sugar or anything else, and he thought it ought to be settled on an equitable basis.

The chairman thought that Dr. Howard was right in his statement that a pint of milk was intended to apply to the general diet and not to apply to special diet. He also referred to a paper read by Dr. Pilgrim at a meeting of the Medico-Psychological Association, at Denver, in which he stated that the dietary for the New York State hospitals, as a whole, was extremely liberal.

Dr. Pilgrim admitted that he had so stated; but claimed that the same criticism that he now made in regard to milk was contained in that paper. He now moved that a committee be appointed to consider the whole question of dietary for State hospitals. Carried.

The chairman appointed as such committee Drs. Blumer, Pilgrim and Howard.

Dr. Howard suggested that this committee consider the proposition of population of a State hospital relative to special diet to the end that there might be some equitable basis for the computation of articles of special diet, except for epidemics.

Commissioner Brown inquired if it could not be reasonably ascertained what proportion of patients in a hospital would be entitled to sick diet, laying aside the question of epidemics, which did not occur often. He ventured to say that it would be found, on a careful investigation, that there was about the same percentage of people sick in bed who generally could be considered as entitled to special diet, and this matter could be arrived at approximately in some way. As an instance, Binghamton puts in an estimate for 1,000 pounds of chicken for special diet and Buffalo for 250 pounds. He would venture to say that there was no such discrepancy as this would indicate in the number of people who were sick and needed special diet.

Dr. Blumer suggested that a basis could probably be computed by having the superintendents report on the monthly estimates the number of patients sick in bed.

Monthly Conferences

The chairman thought the committee might, with propriety, estimate in a gross way the proportion of people likely to require a special article of diet, and merely report it as an incident, not with the expectation that it should govern at all in the estimates.

Dr. Talcott thought that if the matter of special diet was to be started, there would be more discrepancy in the future than in the past, as each one would be estimating for special articles, and a charge that an increase of luxuries was called for might be valid.

Commissioner Brown thought Dr. Talcott had struck the keynote. It seemed to him that, if a reasonable variety of supplies was allowed, it ought to be sufficient to cover the question of special diet.

Dr. Talcott referred to the subject of coffee, and said it had been customary in the past to estimate for Rio coffee and no other variety, and this grade seemed to be unacceptable to some.

He thought if a variety of coffee could be allowed, that a mixed grade would be more acceptable and make a very moderate increase in cost.

Dr. Pilgrim referred to the previous report of Dr. Wagner, in which this matter had been fully discussed and determined upon, and the chairman suggested that the committee on dietary could consider it.

A lengthy discussion of the different articles of dietary was followed by the adopted suggestion that all matters relating to the dietary be referred to the appointed committee.

The chairman stated that the discussion had brought out the fact that the dietary allowed was after all very liberal, and that the patients did not use it to the limit, and called the attention of the superintendents to one fact, and that was that certain funds were set aside for the maintenance of patients, and that it could not be increased. The legislature was unwilling to increase appropriations for that purpose, and as a consequence the patients must be maintained upon it. It was well to bear in mind that a very great proportion of people in State hospitals had not been accustomed to anything before as good as they now get, and if they should return to their homes they would not be maintained as well as they are now in the hospitals. It must also be borne in mind that the people must be maintained at a limit of cost, and he called the attention of the committee on dietary to the fact that after all they were providing for a class of people dependent many of them before the affliction of insanity, and maintenance that might be desirable in a general hospital, and should be provided for all the sick and acute cases

Monthly Conferences

in the insane hospitals, was not required for the healthy, strong, able-bodied chronic insane that are to be inmates of the State hospitals during the remainder of their lives.

Commissioner Brown called attention to the suggestion that they should be given any reasonable, proper and well diversified diet, but, of course, the one single fact must be borne in mind that the limit of maintenance cannot be increased. It stands to-day at \$186 per annum per capita, and unless some exceptional rise in prices takes place, we have a right to assume that that per capita must not be exceeded. He also thought that the experience of other States shows that the standard in New York was higher than in any other State in the Union.

The chairman stated that it might be apropos to state the experience with a famous Scotch superintendent, who had spent some time with him while superintendent at Willard, and upon leaving was asked what his criticisms of the American asylums were as far as he had seen. At that time the Willard standard was below the present one. He replied that the chief criticism was the extravagance of the American institutions in their food supplies. The daily per capita cost for provisions and stores at the Buffalo State Hospital was \$0.166; St. Lawrence, \$0.174; Utica, \$0.149; Rochester, \$0.188; Middletown, \$0.183; Hudson River, \$0.205; Binghamton, \$0.148; Willard, \$0.139.

Dr. Macdonald stated that the actual cost of the Flint dietary would be \$0.21 at the present cost of supplies.

Dr. Talcott stated it would not seem to be necessary to increase the per capita cost; but it appears that there might be some changes whereby it could be lowered a little, more milk given, and a little less coffee, tea, cheese, etc.

The chairman called attention to the fact that the work of this committee should have been done some years ago, in order that they might have acted in concert with Dr. Flint in preparing the ration table, and that this perhaps was a proper criticism upon the action of the Commission at that time. This committee was suggested by him for the purpose of allowing the superintendents to express themselves upon the question of dietary. He thought that then Dr. Flint's experience would be considered in the light of the report of this committee, and the Commission would act in a reasonable manner, always bearing in mind that the Commission have a limitation in expenditure, but as far as the expenditure can be made to conform with the views of the hospitals, the Commission would be as reasonable as with any other element that enters into the question of maintenance.

Commissioner Brown thought that the actual cost of stores in the several hospitals showed most astonishing variations, and at

Monthly Conferences

first glance it would seem to be very difficult to explain how that could occur.

Dr. Pilgrim said it depended upon the productiveness of the farms and the facilities which some institutions had over others for raising supplies.

The chairman asked him why he should be six cents a day higher than Buffalo, which does not have any farm at all.

Dr. Pilgrim stated he did not know, unless the farming at Poughkeepsie was unprofitable. He asked to be excused from serving on the committee as he might be prejudiced in regard to some of the matters that had been under discussion.

The chairman requested the committee, if possible, to make a report at the next conference.

Dr. Blumer inquired what the attitude of the State hospitals should be with regard to assessments for local improvements. He said: "At this time of the year we are in the habit of receiving from the city treasurer a statement of our indebtedness to the city of Utica for improvements which do not improve so far as the State is concerned. As an instance he received an assessment for a sewer. Now the Utica State Hospital takes care of its own sewerage, and is not benefited in the slightest degree. This question is constantly arising, and it would be gratifying if we could get some expression of opinion."

The chairman asked if there was any similar experience to Dr. Blumer's.

Dr. Hurd stated that they had been assessed for two sewers on two sides of the hospital. The matter was referred to the State Comptroller, with a statement that no benefit was derived from the sewers by the hospital until a time when the hospital had occasion to use one of the sewers for a building, when the Comptroller paid the assessment on the representation that the hospital needed and could use the sewer only on condition that the assessment was paid.

Dr. Howard stated that in Rochester they go on and make street improvements as they see fit without consulting the hospital and make assessments against the State and send the assessments to the State Comptroller. They never presented any bill to the hospital.

Commissioner Brown said that no municipality has the right to incur any obligation against the State. The State cannot be assessed except by express act of the legislature, and that difficulty was met a year since by the legislature providing a fund in the Comptroller's hands, which was to be used in accordance with certain terms and conditions of the statute, and is purely voluntary on the part of the State whether it would be

Monthly Conferences

recognized or not. These assessments should be referred to the State Comptroller.

Dr. Blumer inquired if there was not some preliminary procedure necessary before the expense was incurred.

Commissioner Brown assumed that the statute provided for the course to be pursued. He recalled that a bill had been introduced last winter to reimburse the city of Auburn for a pavement of 1,600 feet on two sides of the prison. The legislature made a special grant for the purpose. So far as sending bills to the hospitals by local authorities is concerned, they are not worth the paper they are written on; in fact, no attention need be paid to local authorities. A debt could not be run up against the State, and nothing could be enforced except upon express act of the legislature. All these assessments should be referred to the State Comptroller. If he has the power and has money to audit the claim, it will undoubtedly be paid if the terms of the statute have been complied with.

Dr. Blumer thought it would help the matter considerably if he could reply to the city treasurer that he was directed by the State Commission in Lunacy to refer him to the State Comptroller.

Commissioner Reeves said that the course suggested in regard to this particular matter is the correct one, and that an answer should be made to any communication addressed to a hospital by the local authorities, stating that the Commission in Lunacy held it has no power to recognize such claims, and that it respectfully refers the local authorities to the Comptroller as the only source of authority in the matter.

Dr. Blumer stated that he was still embarrassed in attempting to draw a line between physiological and pathological senility, and to say who is a dotard and who is not. The question had come up within a few days with reference to a man 85 years of age who came to the hospital with papers properly executed, and who was sent back to his friends for the reason that he was not, in his judgment, a proper man to be admitted under the law. The friends then took him to the Old Men's Home on probation. He was an irritable, fussy man, going about from room to room, appropriating articles belonging to other inmates, and so at the end of one month's trial they set him adrift. They then took him to the poorhouse at Rome, and there they declined to receive him on the ground that he was insane. This old man's daughter, who has heretofore been trying to support him, is a poor woman, and the case seems to be one of real hardship. What shall be done in such a case where the superintendent of

Monthly Conferences

the poor declines to receive? He had written to the superintendent of the poor for his reasons for not receiving the man and awaited his answer.

The chairman stated to Dr. Blumer that the letter the Commission had received from him in regard to the matter in the absence of the legal member was replied to tentatively. The ground was taken that the superintendent had complete jurisdiction in the matter, and in this authority he cannot be interfered with, either in the receiving or rejecting of a case; although the Commission might advise him, aside from advisory powers, they have none whatever in regard to those cases. The Commission merely suggested that inasmuch as this man had nowhere else to go that it might be a question of humanity, which would overstep the limitations of the statute without being a troublesome precedent, and he might be received. He thought the law was defective in the fact that it does not define who are insane within the meaning of the statute, and, in other words, that it does not give a definition. He believed it was possible to give a definition, and that the law could be so amended as to proceed in these cases with harmony, and he suggested that the superintendents should consider the matter, and send to the Commission their ideas in regard to the form of an amendment to the statute to finally dispose of these troublesome border-line cases.

Commissioner Brown desired to say that when that question came up before the legislature the wording of the statute was purposely and advisedly made as it now stands, in order that if any attempt to make a statutory definition of these cases were made, then the troublesome question would still remain as to whether a particular case came within that provision. In other words, it will always come down to this, that it must be determined at some particular time by some particular human agency. Each one of these cases, if it were not for the difficulties and expense incident to it, might be determined by the courts. It would probably come down to the question of trial by jury, or of submitting questions, just as now a question is submitted to a jury where a man is put on trial for his life, and where the defense of insanity is interposed; the testimony of experts is received, and then it is a matter that is determined by jury. He could see no objection to making an effort to define certain cases, but it seemed to him that they would always be confronted with this difficulty, and therefore it was thought wise that this power should be lodged absolutely in the superintendent. They alone should determine this question, always subject to the right of review by the court, which, of course, could not be limited. He could

Monthly Conferences

see that in individual instances great hardships might arise, but he really did not see how they were ever going to determine where senility ends and insanity begins, although he was agreeable that it should be attempted.

Dr. Pilgrim thought if two physicians were willing to testify that a patient was insane and could not be cared for at home, at the Old Men's Home or at the county house, it was pretty clear evidence that he was insane.

Dr. Blumer believed that in this particular instance the friends had suggested to the superintendent of the poor that he probably had better not consent to receive him.

Commissioner Brown believed that in those extremely difficult cases superintendents might be authorized to call in to his assistance the judgment of one or two other superintendents in order to strengthen the matter, but ultimately the question would always have to be determined whether the particular case at the particular time came within the provisions of the statute.

Dr. Howard asked if the case was afterward reviewed by the court and a new commitment made in the light of the superintendent's refusal, could he again refuse to receive?

Commissioner Brown said, "Certainly." The same case came up at Long Island. The general superintendent, as he recalled it, under the provisions of the statute discharged a case of that kind on the ground that he was not insane within the provisions of the statute, and the Charities Commissioners immediately had him recommitted, got another judge's order and took him there. The superintendent, in the exercise of his authority, declined to receive him. Dr. Talcott has had a case very recently, where a man was discharged by jury—a man who, in his judgment was unquestionably insane, and subsequent results have shown that he was clearly insane, and yet when it came to trial on return of a writ of habeas corpus the court discharged him.

The chairman stated that, as the matter now stands it is wholly a question for the superintendent to determine in each case. It is a responsibility that he cannot avoid. It rests upon him, and he believed the result was clear in nine cases out of ten. The superintendent, for the purpose of preserving peace and harmony, would receive the case, and in that way the number of admissions to hospitals would increase. Of course these cases did not live long; they are short-lived, and after all the efforts a large proportion of admissions of recent years belongs to this class.

Dr. Howard stated that there was a determined effort on the part of some officers of Rochester to evade the requirements of the new insanity law relative to furnishing new clothing for patients admitted to the hospital when they were sent there

Monthly Conferences

under that section of the criminal law which was not repealed, section 26 of the old 1874 act, which prescribes how those patients may be sent from penitentiaries, jails, etc., to any State asylum, and says nothing about clothing, and he would like to know whether they have any grounds to hold to that claim, and whether such cases should be rejected.

Commissioner Brown advised him not to take them. He thought the courts should determine the question.

Commissioner Reeves thought the fact that that particular section was not repealed did not amount to anything, inasmuch as the new law prescribed regulations for the reception of patients.

The conference adjourned for the consideration of hospital estimates.

JANUARY CONFERENCE, 1897

Proceedings of the conference of representatives of State hospitals, with the State Commission in Lunacy, held at the Capitol, Albany, on January 28, 1897, under the provisions of section 37 of the Insanity Law.

Present: Commissioners Brown and Reeves; Superintendents Sylvester, Long Island; Pilgrim, Hudson River; Howard, Rochester; Talcott, Middletown; Mabon, St. Lawrence; Wagner, Binghamton; Blumer, Utica; Macy, Willard; Dent, Manhattan; Allison, Matteawan; Steward Wilding, Buffalo; Medical Superintendent Dewing, Long Island (Kings Park department).

Commissioner Brown, chairman.

The chairman stated that in regard to the question of napkins for patients, attendants and employees, he would express as an opinion that he did not think the State justified in furnishing them. The practice, he understood, had been to cut up tablecloths that were worn beyond usefulness, and he could not see any objection to that, but to purchase napkins for general use would hardly seem a proper use of public money. Moreover, trouble might arise from the fact that napkins, if not given to all patients, would appear to be a discrimination.

Dr. Pilgrim stated that at Buffalo he was told they gave napkins to all patients, and used them in every ward. His own opinion was that the use of napkins should be confined to convalescent patients, if furnished at all, and he thought that there were two or three wards in every hospital where these could be used to great advantage, if properly cared for.

The chairman stated that if napkins were used at all they would have to be restricted. The great thing, after all, about this matter is the public welfare, and how far it would be re-

Monthly Conferences

garded as a proper expenditure. The use of napkins in any considerable number would very materially increase the amount of laundry work.

It was Dr. Pilgrim's opinion that 10 per cent. of the patients should have them; Dr. Mabon's, 25 per cent; Dr. Talcott's, 75 per cent.

Dr. Blumer said that the great bulk of the patients were not men or women who had been in the habit of using table napkins in their own families. Quite a number of the patients would not know what to do with them.

Dr. Pilgrim said that if they could use napkins it would keep their clothing from being soiled. He thought 20 per cent. of the patients probably could use them with a great deal of pleasure to themselves and benefit to the institution.

Dr. Mabon's experience as an assistant physician and superintendent had been that complaints were frequently made that there were not enough napkins for patients.

Dr. Howard was in favor of their being used for employes, attendants and 10 per cent. of the patients, and stated that they had been in the habit of using them for all of the patients at Rochester.

Dr. Talcott thought that napkins should be used for all the patients. There are those who know how to use them and enjoy them, and those who do not know how can be kept clean, if the nurses wrap the napkin around the neck when eating. They are cheap and necessary in order to keep patients properly clean, and he thought their use as necessary as towels.

Dr. Wagner thought it was an excellent idea for some of the patients to have napkins, but he believed that if 25 per cent. of the patients were furnished with them it would be sufficient.

Mr. Wilding stated that at Buffalo they furnished napkins for all the patients, and found it conducive to economy and cleanliness, and that it had a good effect upon the patients. In the case of the demented the attendants tie the napkins around their necks and keep them clean while they are eating.

Dr. Macy thought they might be used to quite a large extent, perhaps for 25 per cent. in the general wards, and that there would be an advantage in using them to that extent. He stated that the practice in the male department, Ward's Island, had been to furnish special napkins and tablecloths to set over the beds to cover the feeble and infirm while eating.

Dr. Dent thought that napkins might be used to the extent of about 25 per cent. of the patients and his opinion was endorsed by Dr. Sylvester.

Dr. Blumer stated that about 200 of their patients used nap-

Monthly Conferences

kins at the present time. They were in the habit of furnishing napkins made from worn-out tablecloths to such patients as expressed a desire for them, and were in favor of using them. All employes have them.

Dr. Mabon stated that about 25 per cent. of all the patients used them. He thought the matter should be left to the physician within a certain limit, and then the superintendent might decide upon any number below that.

Commissioner Brown said that he did not know what the practice was in institutions in other States, but there was one thing to be borne in mind, that the per capita cost of maintenance is very large in this State, although he would not undertake to say that the per capita cost of New York was too high. All these matters would have a bearing.

Dr. Mabon's opinion was that if proper care was taken in the selection of linen, it would not increase the per capita cost.

The chairman suggested that the only fair estimate that could be placed upon a proper allowance for napkins and tablecloths would be a percentage adopted as a basis. The Commission could not keep track of the 10 or 20 per cent. of the patients, and it would be proper to adopt a uniform grade of tablecloths and napkins, allowing a money percentage as a basis, and he suggested that as the president of the Commission was absent, it might be well to let the matter go over.

After a further long discussion, Dr. Mabon was appointed as a committee to report on the question of napkins.

The chairman read a statement from the chemical expert in the matter of the purchase of drugs, and upon Dr. Blumer's motion the matter was deferred until the return of the president of the Commission, inasmuch as the subject of drugs at State hospitals was one in which he had always taken a great interest.

The chairman stated that it would soon be necessary to purchase shoes from the prisons or the hospitals would have to manufacture them.

Dr. Pilgrim stated that they could buy slippers from the prisons as cheap as they could make them.

It was shown, upon discussion, that shoes were now being made at the Hudson River, Buffalo, Binghamton, Utica and Rochester State hospitals, but Dr. Howard said that they did not make boots. It was also shown that at Willard and at Ogdensburg no new work was made, but that the whole force in the industrial department was employed in repairing. They had no apparatus for the making of new shoes. At Hudson River the patients did the work with only one man employed. It was

Monthly Conferences

shown that at Utica all shoes and boots were made except rubber shoes, and it was generally agreed that, so far as practicable, the hospitals should make their own boots and shoes.

The chairman stated that materials for uniforms should be put upon the same basis as the manufacturing department, on the ground that the purchasing of materials for uniforms does not increase the per capita cost, inasmuch as the uniforms are paid for by the employees.

Dr. Howard stated that as complaints are being made against the State hospitals on account of the high rate per week for maintenance, it seemed to him injudicious and misleading to put into the maintenance accounts items which ought not to belong there, and he suggested that hereafter all articles which were to be sold by the hospital should be estimated for as a special fund item instead of as a maintenance item.

It was suggested by Dr. Blumer that for the purpose of expediting business, the ordinary rules of parliamentary procedure be observed to some extent, and that members of the conference should address the chairman, who should recognize the speaker, and that others should not interrupt while he was speaking.

Dr. Talcott stated that uniforms had heretofore been furnished at Middletown by outside manufacturers, and the hospitals had been relieved from providing for employees. He considered that employees should provide their own clothing, as they were paid fair wages and received good care. The hospitals should not be burdened with the task. The women, for the most part, looked after themselves, and make their own caps and their own dresses, and those who were not able to do it had dressmakers outside.

The chairman stated that the proposition before the conference would not necessarily interfere with the previous practice, and in reply Dr. Blumer said that it was optional with superintendents whether they should manufacture or should not manufacture employees' uniforms.

After further discussion it was determined to make special estimates for materials for uniforms.

The chairman called attention to the fact that the Auditor had pointed out a very wide discrepancy in the quality of hair which is being used and in the price being paid, and suggested that some regulation should be adopted in regard to this matter. The prices varied from 24 to 35 cents per pound. He also suggested that the quantity of hair for a single mattress be fixed upon.

Dr. Wagner stated that their practice had been to use 24 pounds in a mattress, but that by direction of the Commission

Monthly Conferences

a year or more ago they commenced to make a mattress out of 15 pounds. He found that they were light and unsatisfactory for the wide beds, and that it was necessary to put 18 pounds of hair in to make a satisfactory mattress, and also they found that for 25 cents they could purchase an excellent grade of hair, and upon his motion 18 pounds was adopted as the proper weight for a hair mattress for beds three feet wide and of the ordinary length.

Dr. Macy stated that the mattresses in the Manhattan Hospital had ranged from 12 to 18 pounds, and they had used in some of them a pad in addition.

The representatives of all the hospitals concurred in stating as their experience that 18 pounds of hair for the ordinary single bed would make a sufficient mattress.

Mr. Wilding's experience was that the use of a light mattress would be more expensive in the end. He thought that the ordinary tick would weigh $3\frac{1}{2}$ pounds, and by the use of a good ticking it could be made over four or five times.

The auditor stated that he understood there were five grades of hair, two of black, two of gray and one extra superfine black long drawn, which was the highest priced. The hospitals in estimating should state whether the hair was grey or black and give the quality or grade. The simple statement of "black South American" or "grey South American" is not sufficient, as it was impossible to revise an estimate in which the grade was not specifically stated.

The chairman stated that there were commercial terms that defined the grade of hair and which should be used in estimating.

After further discussion Dr. Howard was appointed as a committee to report on the quality and price of hair to be used for mattresses.

The chairman called attention to the use of crude oil as a fuel for heating purposes. He was informed by a person of large experience that it was not only economical but efficient. He thought it deserved some attention on the part of the hospitals as a large part of the cost of maintenance was in the fuel account, for the largest items in the production of power and heat now are in the firing of boilers, in the labor expended in the storage of coal, carting, etc. It might have another great advantage in reducing the amount of smoke and cinders and appeared to be absolutely safe. He said it had been in successful operation for a number of years, and in the hospitals an oil tank could be run by cars on to the hospital grounds, and would reduce the cost of cartage. He also understood that the cost of fixtures or changing the old boilers for the use of the oil was slight.

Monthly Conferences

Dr. Blumer suggested that the experiment might very well be made at the Binghamton State Hospital as they were so situated as regards railroad facilities as to put them in a favorable position, and moved that a committee of one be appointed to inquire into the advisability of using oil as a fuel.

Dr. Howard understood that the boiler plants were equipped to use either coal or oil, and that the experiment could be made in that way so if the supply of oil should give out or the price go very much higher in comparison with coal, a return could be made to the use of coal.

Upon Dr. Blumer's motion the chairman appointed Dr. Wagner as a committee to test and report upon the matter.

Dr. Wagner stated that he had been informed by geologists that 1,200 feet underneath their boiler-house was an unlimited supply of gas. He suggested it might be well to consider whether a driven well through the limestone would not supply gas which would run the boiler without much cost.

The chairman suggested that that would be an expensive experiment, to which Dr. Wagner replied that it would cost \$2,500 to go the distance mentioned, and suggested that Dr. Blumer make inquiries into the subject as gas had been discovered in his vicinity.

The chairman suggested also that compressed air was being used very extensively under high pressure for the cleaning of clothing, and it occurred to him it would be advantageous to see what the cost of a cleaning plant of this nature would be in order to clean blankets and all sorts of clothing.

Upon motion Dr. Dent was appointed as a committee to report upon this matter.

The chairman stated that a suggestion had been made by Dr. Blumer that the profit in coffee roasting was very great, and that coffee that sold for 16 cents could be bought for about 9 cents and roasted. He believed that a coffee roasting plant could be established, and the coffee distributed to all the State hospitals with profit.

After an extended discussion of this question together with the question of the grinding of spices, on motion Dr. Blumer was appointed a committee to investigate the matter of a spice and coffee plant.

Dr. Pilgrim stated that considerable embarrassment has been experienced in the maintenance of bands and orchestras in the State hospitals for the entertainment of patients. Under the present arrangement by paying attendants' wages it was the experience that a musician of any talent or usefulness had to be offered extra inducements; otherwise he would make the hospital

Monthly Conferences

a convenience until he could get a better engagement, and it leaves the musical force of the hospital in an unsettled state. He suggested that a portion of the orchestra could be classified as special attendants and that the remainder could be paid as ordinary attendants with the prospect held out to them that as soon as they became proficient they would be promoted. In that way they could secure and keep a very satisfactory band, and he was convinced that there was not anything that added so much to the comfort or content of patients as a proper musical organization. He would like to hear the experience of the other hospitals.

Dr. Mabon thought that as Dr. Pilgrim had investigated this matter, he should be appointed as a committee to make a report upon the best way to dispose of the musical question of hospitals and as to concessions that should be given to musicians and the compensation which should properly be paid to them.

The chairman stated that without regard to what he might determine to do officially his personal feelings were very much in favor of the establishment of properly organized bands for the institutions and he agreed with what Dr. Pilgrim had said in regard to it. Whether it was a justifiable expenditure of money or whether the results compensated for the expenditure was a matter for future determination. It was well known, for instance, that at the Soldiers' Home at Bath, a very extensive band is kept, and they pay their bandmaster \$100 a month for that purpose, and that bands were very important features of public institutions. He did not know of anything that provided so much enjoyment and happiness to patients as music, and the only objection he could see was one purely of economy and whether the results would justify it.

Dr. Pilgrim stated that in the soldiers' homes bands were usually used as a matter of music and entertainment, while in the hospitals they were used in a therapeutical way as a means of mental and moral treatment.

The chairman thought that a good band could not be maintained without some compensation. Occasionally a superintendent had a special aptitude for music and was especially interested in the subject, and could with the exercise of great zeal produce a good result with a small expenditure.

Dr. Wagner, while fully agreeing with Dr. Pilgrim, that it was highly desirable to offer some inducement to musicians, did not think that making them special attendants would meet the situation, for the reason that in his experience the orchestra contained, among others, two medical officers, two carpenters—who were already getting far more than special attendants—

Monthly Conferences

several attendants, an electrical engineer, storekeeper, laundryman, a clerk, three night watchmen, so that out of eighteen or nineteen men there were only half a dozen who were getting less than special attendants would get at the present time.

The motion for a committee was amended to make it three instead of one, and the chair appointed Drs. Pilgrim, Mabon and Talcott.

Dr. Howard stated that he was about to permit an attendant to temporarily leave the service for the purpose of entering a general hospital training school, and suggested that the rules should be amended so that when such an allowance is made the attendant could return to the service after finishing that course, and be employed in the same grade as when leaving. A nurse having graduated from the training school is entitled to certain wages for length of service. If they leave the service with the superintendent's consent and enter a general hospital training school, after finishing such course and returning to the hospital service they should be exempted from the restriction in the schedule of wages which requires that an attendant leaving the service and entering it again must start at the minimum.

Dr. Talcott inquired if the same would not apply to attendants who went out to do some special work aside from the training school. He stated that they had several cases of that kind. Also where nurses have wanted to go away on account of ill-health or to recuperate, if they are once reported to the Civil Service Commission and are dropped from the pay-roll, they cannot resume service at their former rate of wages.

Dr. Pilgrim moved that where an attendant for any reason leaves the service for a few months with the consent of the superintendent, he or she be permitted to resume service at the rate received at the time of commencing such leave of absence, which was carried.

Dr. Blumer, from the committee on table cutlery, presented the following report:

" * * * A sample fork was submitted to the Gorham Manufacturing Company, for qualitative analysis, whereupon the following report was received under date of January 25, 1897:

'We have made a qualitative analysis of the fork that you sent us on the 15th and have to report that it is simply a high grade of German silver, which, as you know, is composed of copper, zinc and nickel. The percentage of nickel regulates the hardness and the whiteness of the metal. This seems to be a little higher than the German silver usually employed as a base metal on which to electroplate, and we think it one of the German silver forks on the market for use without plating made of 21

Monthly Conferences

per cent. nickel.' Your committee does not recommend the goods of the Silver Metal Company for use in the State hospital service."

Dr. Pilgrim in explaining why he had not acted with the committee, stated that he had not had sufficient time to test the metal to his own satisfaction, and that although it was not entirely satisfactory, he admitted that it was more satisfactory than the gold aluminum.

The chairman stated that he had used it in his own kitchen, and that although silverware was preferable, the silver metal ware held its color and wore remarkably well, and there was no odor. He also stated that he had urged the use of gold aluminum, but that he was compelled to admit that it had not given satisfaction, and that it had a very pronounced odor, unless it was kept scrupulously clean. He thought it desirable that if a metal could be found that would give satisfactory results that would not require plating, would keep clean and be without odor, its use was worth experimenting.

Dr. Howard stated that there was cutlery on the market known synonymously as German silver, nickel silver, silver metal, etc., and that the high grade nickel silver was quite generally in use, whereas the low grade was used for plating purposes.

Dr. Wagner also stated that the yellow ware in use had proven so unsatisfactory in their experience that some other ware should be adopted. He had used the sample sent him for six weeks on his own table and it had worn so well that he would like an opportunity of further testing it.

After a further prolonged discussion of this question, and hearing the representative of the Silver Metal Company, it was determined to make a further practical test of the silver metal and nickel silver cutlery, and empowered the committee to request the assay department of the United States to make an analysis of the metal, submitting at the same time a piece of German silver, for a report as to their comparative value, which was carried.

The chairman reported that the board for the purpose of establishing prices for prison made goods had met and agreed that the auditor of the Commission should make the prices and report to the board for final adoption. It was suggested that when the hospitals ordered goods that they describe the quality as near as they can, and that he would make a report and fix the price, subject, of course, to the approval of this board, and then an estimate could be made upon this basis. They would not be allowed to charge a higher price than the same goods could be bought for in the open market.

Monthly Conferences

Dr. Pilgrim stated that some time previously a bent wood chair had been adopted for dining-room use. He asked if it would be necessary to return to the old style chairs for the reason that the prisons could not manufacture them.

The chairman stated that it was not understood that the hospitals must necessarily buy an article which is not suitable or adapted for their use.

Dr. Howard states that he had been requested to report by the prisons office to-day that the prison department was now ready to take up the manufacture of blankets, and it was necessary in order to get the blankets manufactured in time for the next season to have the superintendents agree upon a grade of blanket that would be needed for the State hospitals.

The chairman stated that it would be some time before blankets would be needed.

Dr. Howard, for the committee on clothing, reported that there were no articles that the hospitals were not making, worthy of specifications for prison manufacture, and that such clothing as the hospitals did not manufacture would not require specifications.

The chairman suggested that where it was necessary for the hospitals to buy clothing of the prisons they purchase their material and let the prisons make the clothing, in which all the superintendents concurred.

Commissioner Reeves stated that the secretary had called his attention to some difficulty that had arisen with reference to the matter of advertising for contracts. He suggested that a paper be selected in each one of the large cities which had the largest circulation.

The chairman stated that the Comptroller had promised to give this matter careful consideration.

The committee on clothing was discharged.

The conference adjourned for the consideration of hospital estimates.

FEBRUARY CONFERENCE, 1897

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 26th of February, 1897, at 10.30 a. m., under the provisions of section 37 of the Insanity Law.

Present.—Commissioners Wise, Brown and Reeves; Superintendents Macdonald, Manhattan; Talcott, Middletown; Wagner, Binghamton; Hurd, Buffalo; Macy, Willard; Pilgrim, Hudson River; Mabon, St. Lawrence; Howard, Rochester; Blumer, Utica; Dewing, Long Island.

Monthly Conferences

The president of the Commission, chairman ex-officio.

Dr. Mabon submitted and read the following report in regard to napkins:

The committee has investigated the cost of napkin material in the various hospitals, during the year ending September 30, 1896, and has found that \$527.27 was expended, and the average cost of these napkins was \$1.095 per dozen. From information from the superintendents it would appear that in most cases napkins had been made from worn-out tablecloths. The opinion expressed at the last meeting that at least 25 per cent. could use napkins is endorsed in the replies received from many of the State hospitals. At the Hudson River State Hospital, about 13 per cent. of the total population use napkins. Dr. Pilgrim believes that fully 50 per cent. of his patients could be provided with tablecloths and napkins, and that it is a practice that should be extended rather than curtailed; that it cultivates habits of cleanliness and protects the clothing. The Buffalo State Hospital reports that 60 per cent. of the women and 13 per cent. of the men are furnished with napkins, and that it is intended to extend their use on the men's wards. The Utica State Hospital reports that a small number of the patients are provided, and that 50 per cent. could use them. The difficulty is apprehended that patients would not be identified with napkins. The Middletown State Hospital states that they garnish their food trays with napkins, in order to have the meals served to the sick in an attractive and pleasant manner. They considered napkins the emblems of civilization and of common decency. The St. Lawrence State Hospital provides 13 per cent. of the patients with napkins, and the employees generally have been provided with them. This latter arrangement also prevails in a number of the other hospitals.

The committee further recommended that 25 per cent. of the patients be furnished with napkins.

Dr. Pilgrim moved that the committee report progress, and that further report be made at the next conference covering the question of establishing a uniform grade of napkins, and as to the percentage of patients who should be supplied with them.

The chairman stated that the matter of drugs was deferred until his return, and in view of the large amount of business to be attended to it would be advisable to defer the subject until the next meeting, and it was so ordered.

Dr. Howard presented the following report of the committee on hair for mattresses:

"(1). Correspondence with the several State hospitals would indicate that the use of mixed hair for making mattresses is not desirable.

Monthly Conferences

"(2). The super-extra long black drawings of the South America hard hair is undoubtedly durable, as the loss in repicking is comparatively slight. The cost of this grade of black hair is from three to seven cents higher than a similar grade of pure gray hair, while the loss in repicking is said not to be appreciably greater when pure gray hair is used instead of black.

"(3). Cotton felt is preferred for mattresses by the Middletown State Hospital and by many of the general hospitals. Its comparative cost is said to be not in excess of the best quality of hair, and it is considered by those who use it as cleaner than hair, equally durable, with no tendency to get lumpy, and when soiled it can be cleaned by steaming and made over at about one-half of the original cost.

"(4). Gray drawings of pure South American curled hair is found to be reasonable in price and of excellent wearing qualities. The loss in repicking is said to be about the same as when the higher priced black hair is used.

"Your committee would recommend for hair mattresses the use of the best quality of pure South American hard gray curled hair, which at the present time will cost the hospitals about 33 cents a pound in the rope."

Dr. Talcott stated that the report speaks of cotton felt as being not more expensive than hair, but, as a matter of fact, an excellent quality of cotton felt could be bought for about 20 cents a pound instead of 30. With them it had been durable and satisfactory, and very much enjoyed by the patients. Where they had used hair mattresses the patients were always glad to get away from them and to get a cotton mattress. He thought it was cheaper. He also stated that in remaking they were sent back to the manufacturer, where they were cleaned by steam, repacked and recovered. They put on new covers, clean them thoroughly and supply them again at about half the original cost. In wards for cleanly patients they will last ten or fifteen years without remaking. They weigh from 20 to 30 pounds, and the weight is about the same as the old hair mattress.

Dr. Wagner stated that cotton mattresses were in use in Binghamton when he went there, and they have steadily been getting rid of them. They found they were matted up and uncomfortable to lie upon on account of the cotton bunching, and, in his judgment, they were not desirable. They have substituted hair generally when they have been able to do so.

Dr. Talcott stated that there were many qualities made, and that cotton felt could be obtained as low as 12 or 13 cents a pound.

Monthly Conferences

Dr. Pilgrim stated that the greatest disadvantage of using cotton felt was that when a mattress becomes soiled it would require to be sent to New York to be renovated, and the hospital would have to await its return, or until they had a large number to send, whereas with hair the mattress could be sent to the shop and returned within a day or two. It also provides a very desirable occupation for patients, and he preferred a pure South American gray hair.

Dr. Blumer stated that he agreed with Dr. Pilgrim, even aside from the relative merit of hair, in that it gives very desirable occupation to a large number of patients. It appeared to him, too, that the cotton mattress would depreciate more rapidly under the influence of urine and other human dejections.

Dr. Mabon endorsed Dr. Pilgrim's views, and believed that curled hair was preferable.

This view was also concurred in by the Commissioners.

The chairman stated that he had so recently been a superintendent that he was authorized to speak upon the subject. He observed that when the St. Lawrence State Hospital was opened he was prejudiced in favor of cotton felt and bought those mattresses. They had been in use six or seven years, and none of them are left; they were all destroyed. The experience was that, notwithstanding they were very excellent at first, they would do what the manufacturer said they would not do, that is, pack, and that unless they were exposed to the sunshine or steam, they made an uncomfortable mattress, and the constant pressure after one year of use was to have hair substituted for them. The consequence was that inside of three years they had all been substituted by hair mattresses. It was true that the cotton was chemically prepared to prevent absorption, and could be cleansed by taking a layer of the cotton off and leaving the mattress clean. Yet this was not desirable, as the mattress certainly would retain some odor, so that the only safe way to do was to have them put through the steaming process. Another objection to these is that you have either got to have a special plant for the purpose or send them to New York. Although Dr. Talcott's institution is near New York, there are other institutions that are so far distant it would be inconvenient and expensive, whereas hair could be immediately renovated and made ready for use within a day or two.

The report was adopted.

Dr. Wagner reported that he had given the matter of the use of oil as fuel some attention, and had accumulated some information which he would lay before the conference. The subject

Monthly Conferences

of the use of oil appeared to be a very important one, and he had conferred with a number of reliable people, and the manufacturing companies now using it for heating their boilers, and also visited the Standard Oil Refinery plant at Bayonne, N. J., and found that the use of oil is highly commended, and that it is simply a question which will cost the most, oil or coal. The desirability of the use of oil lies in the fact that there is no smoke whatever, and when it is desired to discontinue the use of the boilers the supply of oil is turned off and the expense ceases at once, whereas with coal there is considerable consumption after the boilers are shut down. A very much smaller force is necessary, and one man will attend to a half-dozen boilers. Steam could be procured from oil in half an hour, and the oil is said to be strictly safe; that it is prepared with a fire test of 400; that a lighted match can be dropped in or even burning waste without setting afire. It is also claimed that there is less damage to the boilers on account of the even temperature of oil, and the boilers will last longer. The Electrical Manufacturing Co., of Passaic, has four boilers, each one 100 H. P., which have been using oil for about four years, and the company regards it as highly desirable. He was informed that the Illinois Salt Co. uses oil in place of coal for their furnaces, and that coal can be obtained by them for \$1.25 a ton; that Pratt & Ellsworth, of Buffalo, obtain coal at \$2 for their furnaces, and use oil instead. It is claimed by the Consolidated Fuel and Gas Co., of New York, that they can compete with coal even as low as \$1.50 a ton, on account of the large amount of evaporation that they obtain by means of this fuel through its even and regular temperature. He thought there was much more to be learned about the matter than he had yet succeeded in finding out up to the present time; but he would like to suggest that a couple of boilers be equipped with this apparatus, which can be done at a cost of from \$250 to \$300 for two boilers, and that a test at one of the institutions be made. If it were thought desirable that it be done at Binghamton, he would have the two boilers at the electrical station equipped with it. They are not in use at the present time, and might be equipped with this apparatus, and a very thorough and satisfactory test of its efficiency might be made; at the same time the coal-heated boilers might be ready for use at a moment's notice, if the oil plant were not found to turn out as represented.

The chairman asked as a supplement to the report whether he received any statements as to the number of pounds of water that would be evaporated by a pound of oil?

Monthly Conferences

Dr. Wagner stated that there were many different burners, but it was the common experience that 16 pounds of water would be evaporated by 1 pound of fuel. The Consolidated Company had been given an opportunity to make a test at Bayonne, and they said positively that they could evaporate 18 pounds of water with their burner, which they claimed to be the best one in the market.

Commissioner Brown.—How does it compare with the cost of coal?

Dr. Wagner.—The Standard Oil people told me that with buckwheat coal they evaporated about 6 pounds of water with a pound of fuel.

Dr. Pilgrim.—How would a pound of oil and a pound of coal compare in cost?

Dr. Wagner.—I cannot give you absolute data, but the fact that the Okenite Electrical Cable Co. have used it for four years under their boilers is evidence that they regard it as comparing favorably with coal. They informed me that the market price of this oil was \$0.024, but if a contract could be made with the State institutions this price might be cut materially.

Dr. Hurd stated that the experience at Buffalo had been extremely favorable in the use of slack coal. It is had at \$1.44 a ton, and the coal bill for the entire institution of 1,200 patients was less than \$9,000 for the year, or a per capita cost of \$7.14, including heating, lighting and cooking, which is extremely low in comparison with other institutions, and there are no objections to the use of this coal.

Dr. Pilgrim stated that the consumption of coal at Poughkeepsie was enormous. They used buckwheat and pea coal, and it cost, in the aggregate, nearly \$30,000 for the year for 1,500 patients. They have practically three separate plants.

The chairman stated that there was one matter to be taken into consideration—that oil was controlled by what is popularly known as a trust, and the hospitals would be factors of that trust, and might, at any time, be subject to undesirable fluctuations in the market caused by it, although Dr. Wagner reports that the exchange from oil to coal is a very slight matter, and the hospitals would be protected by that opportunity.

Dr. Pilgrim moved that Dr. Wagner be permitted to make the experiment at Binghamton as the facilities there would appear to be better for making a careful comparison than at any other institution.

Dr. Blumer was substituted for Dr. Dent as a committee to consider the advisability of cleaning clothing by means of compressed air.

Monthly Conferences

Dr. Blumer stated that Mr. Mosher, who was chairman of the committee of stewards on coffee roasting and spice grinding, was present, having just returned from New York, and he suggested that he be allowed to state the results of his investigations.

Mr. Mosher stated that the committee had met in New York, and had visited coffee brokers, importers and dealers. They submitted to various persons the proposition that the State undertake its own coffee roasting, and received opinions that were favorable and unfavorable to such a project. Those dealers and brokers who did not expect to receive the trade of the State hospitals, thought it would be advisable for the State to enter into such an undertaking. The proposition had been considered to purchase the berry and have it roasted in New York, and it was ascertained that the coffee roasters were not always reliable, and sometimes made mistakes. Park & Tilford, for instance, who have had their coffee roasted for 20 years, send a representative of the firm with every lot of green coffee, and he watches beside the roaster and sees that the same coffee is returned. It was also stated to them that in roasting 30,000 pounds of green coffee an unscrupulous roaster could put in 5,000 pounds of an inferior grade, and no expert could discover it after it was roasted. Other dealers stated that it would be profitable for the State to undertake coffee roasting, if politics could be kept out of it. In the matter of spice grinding there appeared to be no differences of opinion. It was admitted that even if the State made no profit out of it, which they could do undoubtedly, they would have a uniform grade of goods. He also stated that some of the hospitals had been purchasing what was called a No. 1 Rio coffee, but he found there was no such thing in the market, and had not been for the last three years. No. 1 Rio coffee is a fictitious name, but it is not known on the Coffee Exchange at the present time. No. 3 is the best grade in the market. Coffee is graded by the number of black beans to the pan, which holds about two pounds of green berries. If there are more than eleven beans in a two-pound pan, it makes one point in the grade of coffee. The coffee is graded according to the number of black and what are called Quaker beans. A Quaker bean is one that roasts light, but has no particular bearing on the coffee, except that it makes it clearer, and has a small percentage of caffeine. It was found that strictly pure black pepper could be purchased in the berry at 5½ cents, and other spices at about the same ratio. In the matter of mustard, it was found to be impossible to take the mustard seed, but the mustard cake could be purchased all

Monthly Conferences

ready to pound for 5 cents, with a written guarantee of its purity. The committee also considered the best method of purchasing tea, and found it advisable to purchase through a broker. Importers and brokers receive a commission of 2 per cent., but the importer will not break a cargo. He buys at a round price, averages that price, and turns it over to a broker to select the different grades for selling. For 25 cents we found that in buying large quantities a finer grade of tea could be purchased of Formosa Oolong. The subject of Ceylon tea was considered, and it was found that, while it was a tea that was consumed largely in England, it requires a taste for it, and people in this country do not seem to like it. The prices are about the same, and the strength is greater, and it contains a larger percentage of tannic acid. It was found to be advisable to enter upon a joint purchase of tea for the State hospitals. In reply to inquiries, Mr. Mosher stated that there appeared to be a diversity of opinion relative to the danger of spoiling coffee in roasting. He had some experience in the roasting of coffee, and had never found it difficult, although he had never roasted the finer grades, and he stated that there was no risk. Green coffee was tested by its appearance, by roasting and by drinking. The United States Government roast their own coffee on Long Island, and ship it there from San Francisco. Coffee could be shipped from New York to Utica for 12 cents per 100 pounds, and in summer time, when the canals were open, it could be placed there at a much lower figure. The same package that it was received in could be returned, but, of course, the roasted coffee takes more space than the green berry. All the hospitals probably have hundreds of old coffee sacks which could be used for this purpose. The system of packing coffee is automatic, and there is no handling at all. Figuring on a basis of 30,000 pounds a month, or 15 tons, this could be drawn with ease in seven loads. It could be taken from the Utica State hospital to the railroad switch, which is not over 150 rods. The cartage in return would be no more than it is for the present shipment.

Dr. Blumer submitted his report as committee, and reported on the advisability of a central plant for the roasting of coffee and the grinding of spices, and the statement of Mr. Mosher was accepted as a part of that report.

Dr. Blumer reported as follows:

"Your committee appointed to report upon the advisability of establishing a central plant for the roasting of coffee and the grinding of spices begs leave to report:

"1. That inquiry by a committee of stewards, made for the information of the conference, shows that coffee may be roasted

Monthly Conferences

and spices ground for the State hospital service at greater advantage as regards quality, as well as with a saving of money, amounting to several thousand dollars per annum.

"2. That in view of this fact, it would be to the manifest advantage of the hospitals to procure their coffee and spices from some central plant to be established for the purpose of roasting coffee and grinding spices at one of the hospitals."

The report was accepted.

Commissioner Brown stated that he had had an interview with a representative of one of the largest importing houses in New York, who told him that their house would not care to sell to the State, because it would interfere with their wholesale trade; but, he said, that undoubtedly the State would be a very great gainer by the establishment of its own plant, and that the profit would probably be five or six cents a pound at the present price of coffee. The greatest gain would be in securing a high and uniform grade of coffee. He suggested that the way to buy this coffee was through brokers, and in this way the best discounts could be obtained. This is the method pursued by large dealers, who employ brokers and pay them a commission. Tea should also be bought in the same way, probably in auction rooms, and advantage taken of daily markets. In one case the buyer paid the commission, in the other the seller. His estimate was that tea that was ordinarily bought for 25 cents per pound could be bought for 18 cents in the auction room. The broker could buy a whole lot for the several hospitals, and ship it from New York to the different hospitals in the quantities desired. There was practically no deterioration in the tea, and none in the coffee.

Dr. Talcott reported that his steward, who was a member of the committee on coffee, returned from New York with the impression that there were objections to the proposition, and he would be pleased to make a few statements, not for the purpose of opposing it, but for the purpose of showing the possible disadvantages of the proposed plan. He quoted from Mr. F. B. Thurber's article entitled "Coffee From Plantation to Cup."

"The most important of all the conditions necessary to be observed in the production of a cup of good coffee is the process of roasting the bean. The finest quality of coffee that is known, poorly roasted, will give a less satisfactory result in the cup than a poor quality roasted in the best manner. It is no easy matter to acquire the skill and familiarity and accuracy of judgment necessary to roast coffee successfully. Among professional coffee roasters there are bunglers, although their lives have been spent in the operation, while others seem to be pe-

Monthly Conferences

cularly adapted to the business. The largest sized portable machines for the use of small groceries have yielded somewhat better results than the smaller ones. It is, however, with difficulty that uniformly good work can be obtained, and then it is only after repeated failures."

He further said that they had tried the experiment of roasting their own coffee at Middletown by a person who took great care and pains, and yet occasionally they would have a failure, and the expense of the failure falls upon the institution, while if the coffee was roasted by professionals, if they spoiled the beans, the loss would fall upon them. A representative of the hospital could watch the process, the same as the representative of Park & Tilford. If they could afford to have a man watch while 30,000 pounds were being roasted, the hospitals could certainly have a man watch 360,000 pounds while it was being roasted. The average loss of weight in the process of roasting coffee is reckoned at 16 per cent., or 16 pounds out of every 100. The cost of roasting coffee is nearly a cent per pound, and there is additional shrinkage. Another matter to be considered is cartage. If the coffee is sent to Utica to be roasted, and then sent back to New York, the transportation must be paid upon the coffee for an average of 250 miles, and in the journey it is liable to become injured by wetting or sweating in the cars.

Dr. Blumer suggested that there was no recommendation in the report of the committee that the plant be at Utica. The question was simply with reference to the advantage of establishing a central plant.

Dr. Talcott stated that Utica had been suggested and he had supposed the case. He suggested that it would be better to have it in New York city or Brooklyn, instead of the central part of the State, for in that case the roasted coffee for 10,000 people in New York and Kings counties would be there and save the cost of transportation. If it were sent to Utica, there would be four cartages of every package to those hospitals. The steward informed him that coffee roasting plants in Brooklyn had been discontinued to a considerable extent, because they did not pay, and that a good coffee roasting plant could be purchased there for 25 cents on the dollar. The cost of the roasting plant as proposed was \$2,000, and the expense of operation would be \$20 per week, and the wear and tear would be \$200 per year, and the capacity of the plant would turn out about 3,000 pounds per day. To roast 360,000 pounds of coffee would require 420,000 pounds of the green berry, and the freight and cartage was estimated at \$1,050. The margin of profit in roast-

Monthly Conferences

ing would seem to be small, and likely to be wiped out by unforeseen accidents. As many roasting establishments were believed to be vacant and for sale, it may be possible that this is a problematical and not a sure enterprise for the State to engage in. It should be looked at from all sides before any rash engagements are made. He also suggested that he did not present this as a minority report, but simply as a statement.

Dr. Wagner thought that there were many points of interest in Dr. Talcott's statement, and that the plan of making a contract with some large coffee roaster might be a desirable arrangement.

Dr. Hurd thought that if coffee roasting cost 3 cents and there was a shrinkage of 16 per cent., that to go into this as a money saving scheme would not promise good results. The main consideration should be not so much the saving of money as an improvement in the grade of coffee used, and this could only be determined by actual experience.

Dr. Pilgrim's opinions accorded with Dr. Talcott's and it appeared to him that the disadvantage would be in starting a hospital plant that, in case of failure in roasting, there would be no redress. The coffee would have to be taken and used, no matter how poor it might be, whereas if it was purchased from a broker or a roaster and proved unsuccessful, it could be returned.

Dr. Macy thought that an arrangement to purchase through brokers direct, and have the coffee watched when roasted would be safe, and would give a sufficient reduction in price from that now paid. He thought it would be unwise to confine themselves to Rio and Santos. The jobbers would charge more for coffee at the end of the roasting than if it was had in the green berry and roasted, but the statements given did not show a saving.

Dr. Macdonald understood that the question was simply as to the propriety of establishing a plant, without regard to its location, and he had a report to make from his steward, as a member of the committee. He had nothing to say on the general question as to location. The report of the steward of the Manhattan State Hospital was as follows:

"In company with the steward of the Middletown and representative of the Utica State hospitals, I yesterday spent several hours in inquiring into the feasibility and advisability of purchasing a coffee-roasting plant to be erected at the Utica State Hospital. After examining the machinery used in roasting, we next turned our attention to the question of purchases of coffee in the green berry.

"As a result of our inquiries, and after discussion with the stewards, I am nearly confirmed in my opinion that it would be

Monthly Conferences

wise for the State to erect such a plant as is contemplated, from an economical point of view. But there is another point of view, that of maintaining a high standard of excellence. I greatly fear that the temptation to purchase green berries at 11 or 12 cents a pound, which would give us a roasted product of about 14 or 15 cents per pound, would be irresistible. The Rio coffee, for which I have been paying 19 cents per pound, has been very satisfactory, that is, for Rio. But in order to obtain this satisfactory standard, it was necessary to take out of the green berry 10 per cent. of its weight, made up of imperfect, irregular and under-sized berries; after roasting, 5 per cent. more of under-sized, imperfect and black berries were removed.

"Should the Commission purchase green coffee berries, it would be necessary to grind up, after roasting, all of the imperfect, under-sized and black beans which are now eliminated. While some brokers claim that these do not in the least injure the drinking qualities of the coffee, still I cannot believe their statements to be true."

Dr. Dewing said that from what he had heard he thought it would be to the advantage of the hospitals to buy the coffee for the several hospitals altogether, and have it roasted, and have it watched, more so than to roast their own.

Dr. Howard was in favor of the joint purchase of coffee, and the control of roasting, either by owning the plant or by supervising it in some way. It seemed to him that they were made the victims of designing salesmen, and he would rather suffer with the rest than suffer alone.

Dr. Mabon believed in the State owning its own roasting plant, and that they should insist on having a skilled man employed to do the roasting.

The chairman stated that in conversations he had had with coffee importers he believed there was no question in the first place but that the State, in its purchases of roasted coffee, however skillful the buyer might be, or however much expert evidence he obtained, was cheated three times out of five, and that they do not buy what they think they are buying.

Dr. Blumer believed that the State hospitals should be made as far as possible free from outside sources in the matter of the manufacture of supplies. He had for a long time favored the roasting of coffee, but only recently had he obtained facts and figures on the subject. They now had the arithmetical question thoroughly exploited, and it was unnecessary to go into that subject further, but he would like to point out the extremely significant fact that, while this committee of stewards obtained discouraging

Monthly Conferences

opinions from all those manufacturers and dealers who had something to gain, if the roasting was done by outsiders, whenever they went to disinterested parties and got disinterested opinions the opinion was an emphatic one in favor of the establishment of a central plant. The statement made with reference to the spoiling of coffee in roasting was not worthy of much discussion, as the experience that had been gathered from all sources showed that any man of ordinary intelligence who was careful about his work and has his wits about him can roast coffee. The cost of the plant as estimated at \$2,000, includes the spice plant, the mustard pounders and various other mills. It includes a coffee roaster, a stoner, a cooler, portable cooling blocks, the hopper for receiving the coffee, a Burr mill, a mustard pounder, sifter and spice cracker. He also stated it was immaterial whether the plant was established at Utica or elsewhere. His preference would be to have the plant at Poughkeepsie.

The chairman stated that before the discussion closed he desired to say that there had been some misapprehension suggested to him that this whole business was a movement towards a central purchasing agency at Albany. He wanted to state for the present Commission that he hoped there would be no misapprehension of this kind.

Commissioner Brown seconded what the chairman said in this matter. From time to time suggestions of the kind had been made, and had even been made in the legislature. He ventured to say that the Commission, if it really set out to do it, would have no difficulty in establishing that system, because of the well-grounded belief in the mind of the legislature that the State hospitals could be conducted at a very much lower rate than they now are by a system of joint purchasing or purchasing for the whole. The Commission, for various reasons, had considered the whole matter for a number of years, and while it was not necessary to go into details at this time, as the chairman had said, he thought the Commission were unanimous on the proposition that a central purchasing agency should not be established, and it had not been thought of. They simply desired to carry out the terms of the statute which clearly implied that so far as possible the hospitals should unite in joint purchases of staple articles. That had been done in some instances to a limited extent, and it had been demonstrated as a success. In regard to the establishment of this plant at Utica, the only reason why it was suggested that it should be established there was because of the fact that there was plenty of room; that they had the facilities. The situation of the Manhattan State Hospital to-day was well-known;

Monthly Conference

they were deficient in shops and many other things, and especially in buildings. If they had facilities it might be well enough to consider its establishment there. Likewise at Kings Park and other places the same applies, and under all the circumstances would seem advisable that it should be established at Utica. The question of transportation and freight has been shown to be the merest figment of the imagination. Coffee is now transported to the various hospitals, and only a part of this cartage can be figured in. It is shown here to-day that coffee which is probably selling at 22 cents can be bought green for 12. Great apprehension seem to have been experienced that we are likely to have poor coffee turned out, but all the information that was had on the subject is that comparatively low-priced men are engaged in the work. It must be borne in mind that these coffee roasters are automatic more or less, and that the supply of coffee is likely to be turned out uniform. It requires very little more than nominal supervision. Besides it was not proposed to enter upon this experiment for all time, and if it turns out to be a failure, the State is not obliged to incur a great loss; whereas, if it is a success aside from profit, the hospitals would have the merit of having uniform coffee. Let it be shown that the hospitals have done in this direction all that it is possible to do, and not discourage efforts in the right direction. He was free to say that the scheme of having coffee roasted by employing a roaster was disadvantageous. Certainly if a firm like Park & Tilford were unable to get their coffee roasted without an inspector, the State could not hope to be protected against fraud.

Dr. Blumer's report was accepted, Dr. Talcott voting in the negative.

The chairman suggested that to supplement the report a resolution would be in order for the appointment of a committee of superintendents, or a committee of superintendents and stewards for the purpose of considering all other questions connected with the subject relative to the carrying into effect of the recommendations of the report, the location of the plant, method of purchasing, etc.

A resolution was adopted that the chairman appoint a committee of three superintendents to report at the next conference a desirable location for a coffee and spice preparing plant, and to devise and report upon a system of purchasing coffee, tea and spices, and the method of distribution of accounts.

The chairman appointed Drs. Blumer, Macdonald and Mahoney as such committee.

Dr. Pilgrim submitted the following report of the committee on maintenance of musical organizations in State Hospitals:

Monthly Conferences

"1. Correspondence with the authorities in charge of soldiers' homes discloses that the service in these institutions consists of about two hours practice daily, at least three concerts a week, and services at funerals, inspections, etc. No service other than musical is ever required of the members. It will be seen therefore, that an engagement in a soldiers' home affords many inducements over employment in a State hospital, and as a result musicians engaged as attendants soon become dissatisfied and frequently leave just when their services begin to be valuable.

"2. As a remedy we would suggest that hospitals be permitted to maintain bands not to exceed twenty members, ten of whom shall be experienced and capable musicians, who shall be ranked as special attendants at \$30 per month, while the other ten are to be paid the ordinary attendants' wages of from \$20 to \$24 per month, with the inducement held out to them that when they become proficient and as vacancies occur they will be promoted to the grade of special attendants. The leader should receive from \$40 to \$50 per month, but in order to prevent the necessity of a change in the classification of employees he should also be classed as a 'special attendant' and the amount necessary to bring his wages up to the proper point might be taken from the regular amusement fund.

"3. It is our belief that a band can be best kept up from the rank of attendants rather than from the mechanical force, as in order to be efficient and a credit to the institution, the members should be free to practice or play daily between 2.30 and 5 o'clock. Attendants can generally be spared without inconvenience between these hours, while it would be a serious drain upon the mechanical department if such frequent service were required. While it may be desirable to have a mechanic in the band, the fact that he is relieved from other duties for which he is paid much more than ordinary attendants are should be sufficient recompense, and no addition to his regular wages should be expected or given for his musical services.

"4. In certain hospitals the maintenance of a band may not be necessary on account of special facilities for obtaining regular musical entertainments at small cost, and your committee would, therefore, recommend that where the superintendent prefers to obtain musical services, and where the amusement fund is sufficient for the purpose, he may be permitted to do so.

"5. There are so many obvious reasons for the maintenance of bands in hospitals for the insane that it is unnecessary to recount them, but surely if no complaint is made of their maintenance in soldiers' homes, where they merely entertain the well,

Monthly Conferences

we cannot see why objection should be made to placing them on a somewhat similar footing in insane hospitals, where they can do so much for the sick and feeble, who are unable to obtain amusement or recreation except in such manner and at such times as their custodians select.

"During the whole year at the Hudson River State Hospital a band plays at least three afternoons a week for the benefit of the patients. In summer the concerts are given on the lawn of the pavilion, while in winter they are given on the wards. In addition they play at the weekly dances and furnish the necessary music for dramatic entertainments. They are, therefore, engaged at least two evenings and three afternoons each week for the benefit of the patients, and as their work requires skill and training, it would seem eminently proper, in the judgment of your committee, to classify the best of them as special attendants. In our opinion there is nothing that would give more pleasure to the patients, or add more to the reputation of the hospital to the mind of the public, than the maintenance of a good musical organization."

Dr. Blumer thanked the chairman for the careful manner in which he had covered the whole subject of music for hospitals for the insane. It was a very important one, and he fully agreed with him in all that he said at the close of his report. At the same time he was sorry to differ from him in that section of the report relating to compensation and assignment of musicians and special attendants. The rank of special attendant is one which ought to be guarded very jealously, and other attendants ought not to be encouraged, who consider themselves possessed of special qualifications, in desiring to be designated as special attendants. He thought also that as some of these musicians were occupying positions as special attendants, and others were simply attendants, discontent might arise. He therefore, made as an amendment to the report that in all institutions where a band is maintained an additional per capita allowance of one cent per week per patient be allowed, out of which the compensation shall be paid to musicians to be regulated according to the judgment of the medical superintendent, in all hospitals where music is maintained.

Dr. Pilgrim accepted the amendment, and the report was unanimously adopted.

Dr. Pilgrim further stated that perhaps he had not made himself clear in regard to special attendants. He did not mean that such special attendants would not be required to perform anything but musical duties, but they would be required to perform

Monthly Conferences

the ordinary duties of attendant in addition. The practice had been to have these attendants do regular morning duty, and in the afternoon for a couple of hours to receive the privilege of rehearsing. They would also go on duty in the evening and on Sundays. It must be admitted that a poor band is an abomination, and the hospital should better have none than such a band. He thought the amendment to the report allowing one cent per capita weekly would enable the hospitals where there is a population of 1,200 to 1,500, to secure and maintain an excellent band, without increasing the cost of maintenance.

It was also suggested that the conference consider the words "band" and "orchestra" as synonymous.

The chairman suggested that it would be improper to schedule persons as attendants or special attendants whose time was wholly devoted to musical purposes, and believed that this resolution would abrogate all those conditions.

Commissioner Reeves stated that he had always been in favor of making the most liberal allowances in the direction of the entertainment of patients that it was reasonable and proper to do, and he continued to believe in it, even if it was found upon experience necessary to increase the amusement fund one-third; up to the present time, however, no complaint of any kind had reached his ears as to the amount being insufficient. The report, however, introduced a new feature, and seems to bear especially in the direction of the maintenance of a band. Without increasing the fund, it seemed from the report, it would be impossible to secure a well organized and equipped band at the several hospitals. Although he was in favor of increasing the allowance, he would not put it on any other basis.

The motion was unanimously adopted.

Recess until 2 p. m.

Conference resumed at 2 p. m.

Dr. Blumer, from the committee on dietary, reported progress, and stated that the work of the committee was one of extreme importance. It was found necessary to communicate with the individual superintendents and obtain from them expressions of opinion, and in order to do that at least another month would be necessary. The committee had only been in session once, and must sit again before a formal report could be made.

Dr. Howard, from the committee on tableware and table cutlery, reported that samples were sent, by direction of the committee, to the United States Assay Office, and the report received from it states that the spoon furnished by the Silver Metal Co. was of a lower grade of German silver than the other sample

Monthly Conferences

submitted, but he did not give an analysis. Another analyst submitted a report that the silver metal spoon contained nickel 18.27; zinc, 19.73; copper, 62, so that it would be properly called is termed 18 per cent. nickel silver metal. As all of these reports are to the effect that the marked ware of silver metal is the nickel silver known to the trade, it seemed unnecessary to go further in that line. The committee felt that nickel silver ware is far superior for practical purposes to aluminum bronze ware which is now in use at the State hospitals, and they would recommend that the hospitals in future be allowed to estimate for nickel silver instead of aluminum bronze. He also stated that no new experiments had been made with silver-plated ware as it has been used in hospitals for a number of years, and previously thoroughly discussed, and the committee did not feel at liberty to go into that question to any considerable extent.

The report was adopted.

The chairman stated that it was now understood that the hospitals could purchase such nickel silverware as the report of the committee recommends. He also said that the Commission would not pass any estimates for plated silver, as he did not think it was a proper thing to do, on account of the expense. Silver was destructible, and when the plating was once worn off the spoon was worthless.

Dr. Wagner's motion to substitute silver-plated ware was lost, yeas, 2; noes, 8.

Dr. Pilgrim reported that the experience of Hudson River with the silver metal ware had been satisfactory, and the attendants and patients were both pleased with its use.

Dr. Pilgrim asked that the conference discharge the committee on forms and blanks of State hospitals, and said that the committee had existed for the last year or two, and that every week from ten to twelve blanks would be sent to them for approval, and now they had approved over 600 blanks, and no member of the committee knew what they were. The committee either ought to get those blanks together and consolidate them, and have a uniform system, and not let every hospital put in a new form as they desired, or else they ought to be discharged from the responsibility. At present they have no power, as the blanks were sent to the University and printed, and the committee knew nothing about it.

Commissioner Brown thought that this proposition was commendatory, and that the blanks for the use of the State hospitals should be uniform and should be approved by the Commission, as the statute directs. What has been going on for the past year is evidenced every day by the accumulation of blank forms. A

Monthly Conferences

hospital may get up a form and send it here for approval on the ground of an emergency, and there were now over 600 forms approved. He had previously submitted a proposition, which was not favorably received, that some skillful person be employed to work out a system of forms, after consultation with the superintendents, and that this system be then adopted. It was not only an enormous expense to the State to set up these various forms, but it tended to great confusion. It was evident that no superintendent would ever devote sufficient attention and labor in preparing these blanks, and it is not proper that every hospital which has a fanciful idea in regard to a blank should carry it out.

Dr. Blumer stated that when copy came to the printing office it was sent to the office of the Commission for approval, and was then returned and printed.

Dr. Wagner inquired why, if all blanks that are required by the Commission are uniform, what objection there would be to individual superintendents making use of their own schemes and keeping reports upon independent blanks, as long as every blank required is of uniform pattern?

Commissioner Brown.—Simply because the statute is mandatory and says otherwise.

On motion, the committee was discharged, with the thanks of the conference.

The chairman stated that the contract for toilet paper was about to expire, and it was necessary to take up that subject for reconsideration.

Representatives were heard by the conference, and fixtures were exhibited, and, upon motion, the A. P. W. Paper Co.'s fixtures, with the Unique grade of paper, were adopted.

The chairman read proposed amendments to the commitment law, which had been prepared by the Society of Medical Jurisprudence, in New York, with a copy of his letter in reply to a request from Senator Malby for an opinion in regard to such proposed amendments, and the conference unanimously approved of the position taken by the chairman.

The chairman brought to the consideration of the conference the advisability of holding bi-monthly meetings. It was admitted that the law would have to be amended, but the opinion of the several members of the conference was desired in regard to its desirability. The work in the Commission's office had become tremendous, and some of the employees were obliged to work evenings. A great part of it is work cannot safely be delegated to employees, and bi-monthly meetings, with estimates

Monthly Conferences

made out once in two months, would relieve the office and correspondingly relieve the hospitals from a large amount of clerical work, and the superintendents to some extent, and a long enough experience had been had with the estimate law to know whether it was possible to estimate two months in advance.

Dr. Talcott was strongly in favor of bi-monthly estimates and bi-monthly sessions, and that an amendment could very easily be formulated. It would appear that two months would be enough for regular estimates, because they are now practically automatic and self-repeating. Special estimates can be generally deferred for a month or two, and brought up for consideration; once in three months might be sufficient for the special and extraordinary estimates.

Dr. Hurd thought that the only difficulty was the legal one, and personally he was in favor of bi-monthly sessions, and for the great majority of articles on the estimates two months' provision could be made. The monthly wage estimate could be made, and would not require the presence of the superintendent for revision. He suggested that the present provision of law might be complied with if estimates 1 and 2 were submitted monthly.

Dr. Pilgrim looked very favorably upon quarterly meetings, because the seasons change once in three months. In respect to special estimates, he thought they might be sent to the Commission from time to time with a written explanation as to the necessity, and the Commission could take action upon them without conference with the superintendents.

Dr. Macy thought it would be desirable to have less frequent meetings in the interest of the hospital work. He thought a meeting once in two or three months would be sufficient, providing arrangement was made for supplemental and special estimates, so there would be no unnecessary delay in important work.

Dr. Macdonald considered that as far as estimates were concerned, certainly every two months, or better still, every quarter, would be an improvement upon the present system. In the former history of the asylums, when they were under the charge of the city, they had very much such a system as now exists in the State as to monthly estimates, and when the branch at Central Islip was organized, in view of the distance from the city, he persuaded the commissioners to let them have a quarterly estimate, and we found that it was very much preferable; they could buy at better advantage and make arrangements cheaper for three months than for one. The storehouse was always better supplied than the others, and there was less variation in the regular supply. He thought quarterly meetings would answer every purpose.

Monthly Conferences

Dr. Dewing stated that Dr. Sylvester would prefer monthly meetings.

Dr. Howard believed it would be practicable and feasible, and to the best interests of the State, to have quarterly instead of monthly estimates, and that bi-monthly would be an improvement over monthly, but yet there was something about a quarter that seemed more proper than two months. The dietary would have to change with the seasons, and it would seem to work out the problem more fully, completely and more economically than the bi-monthly scheme.

Dr. Blumer was strongly of the opinion that quarterly meetings would fulfill all the requirements of the situation, and that it would be just as easy to estimate for three months as for one month, since the work had become so well systematized.

Dr. Mabon endorsed Dr. Pilgrim's views, and preferred quarterly, but if not quarterly, bi-monthly meetings. The work in the clerical department would be lessened by purchasing for two or three months.

Commissioner Brown stated that the law provides that the superintendents shall meet monthly, so that, in order to secure any change whatever, it would be necessary to procure an act of the legislature; but over and beyond that there were considerations which ought to be thought of. He was not sure the bi-monthly scheme would not work, but he should be entirely opposed to the quarterly suggestion. He thought the great value that had been developed under this system was the fact that the superintendents, once in each month, came in close contact, which not only permitted a full discussion of matters pertaining to the administration of the hospitals, but provided an opportunity for comparisons. He believed, on the other hand, that if it was reduced even to two months, there were so many changes arising in regard to the payrolls, and so many things in regard to special estimates, that, as a matter of fact, nothing would be gained, and that the superintendents would necessarily and obviously be obliged to come to Albany personally, if they did not come officially, in order to get the matters considered. Three months he regarded as utterly impracticable, and he thought the tendency was wrong. It could all be reduced to an absurdity by providing for a meeting once in six months. Now the superintendents have called to their attention once in each month all the details in the minutia of hospital administration. He had heard superintendents say that under the estimate system they had been brought to a more intimate knowledge of hospital administration than they ever

Monthly Conferences

had before, and he thought, although the change might be a gain in some respects, it would be a loss in others. As a matter of fact, superintendents did not have occasion to come to Albany except on the regular conference date. He believed that with the change the Lunacy Commission would be pretty nearly in constant session. They now have to sit every week, and the changes that would come up in those long intervals would be so numerous, and would require so much consideration, that each superintendent would be compelled to come here practically as often as he does now; but over and beyond all that, he was opposed at this time to making any change in the Insanity Law, because he foresaw that it would open the door to all sorts of schemes in regard to the commitment of the insane. If an amendment to this law was permitted at the present time, other amendments might be introduced, and it had not been in force a sufficient length of time to justify changes, especially in the scheme of commitment, therefore it seemed to him that the matter should be deferred until another year. He did not desire to express himself as opposed to anything except the quarterly scheme.

The chairman stated he thought three months too long. It was merely a suggestion that occurred to him to see if this and the hospital offices could not be somewhat relieved, as well as the superintendents. His own experience had been, as superintendent of the St. Lawrence State Hospital, that it practically occupied four days, or forty-eight days in a year, in coming to Albany, and remaining during the conference. He believed that this was also Dr. Mabon's experience. It was practically impossible to get these estimates out after their consideration on the first of the month, and the consequence is that the hospital gets them anywhere from the fifth to the tenth of the following month. They could not purchase legally under the provisions of those estimates unless they get permission from the office of the Commission by communication. If they had the estimates every two months this trouble could be entirely avoided, because the meeting could be held earlier in the month, and the estimates could be issued earlier. It would be no harder to revise two months than one month. The treasurers could obey the law, which they do not do now, and do not pretend to; but he thought Commissioner Brown's suggestions ought to be taken into consideration.

Dr. Pilgrim said that he thought Commissioner Brown's argument was as strong as could be made. He knew personally that he received great benefit by these conferences, and found out what other hospitals were doing, and not only from the conference

Monthly Conferences

itself, but from the conversations with the superintendents through the recess. He thought it would be a disadvantage to make the meetings further apart, but as far as the clerical work was concerned, it would be an advantage to have the estimates made out once in two months.

Dr. Talcott inquired if the Commission, in future, without change in the law, would feel authorized to have the stewards come one month and the superintendents the next, to which Commissioner Brown replied that he apprehended that such a course might be followed.

The chairman said that this change would not relieve the situation referred to, and the objection to it was that the stewards would have to pass finally upon matters that ought to be determined by the superintendents.

Auditor Sanford stated that he thought there would not be any increase in supplemental and re-estimates by having a two months' meeting, because the doubling up of an estimate would not necessarily add any additional supplemental estimates or re-estimates, but, on the contrary, it would reduce them. At present no sooner were the estimates cleared than the following month is upon us, and it does not give the office the time necessary to review the estimates as carefully as it should. Errors are sometimes made on account of the limited time. He did not think that the superintendents or the Commission appreciated the terrible strain which so short a time required in attendance upon this work.

After a further discussion, it was moved and carried, that a committee of five, of which the medical and legal members of the Commission should be two, be appointed, with power to consider the advisability of framing an amendment looking to bi-monthly estimates, and to prepare such amendment if, in their judgment, it be deemed best.

The committee appointed consisted of Commissioners Wise and Brown, Superintendents Blumer, Hurd and Macy.

The chairman called the attention of the superintendents to the fact that, if the tax rate was not increased, all construction, except such as is now already contracted for, must, in great part or wholly, cease for the ensuing year. He called upon Commissioner Brown to make a statement which he had prepared.

Commissioner Brown.—To show what the actual conditions are, it is necessary to state what the conditions used to be. Previous to the year 1895 the legislature had appropriated on an average annually over one million dollars for buildings, repairs and improvements to eight State hospitals then organized and operating,

Monthly Conferences

and which at that time contained about 9,000 insane—a good deal less than one-half the number at this time. Under existing conditions to-day, although the maintenance is reduced from \$216, which prevailed in 1892, to \$186 last year, and which is a fixed charge and must be met, there will be for the coming year 20,600 people to provide for, and it is fair to assume, in fact, the Commission anticipates that in spite of all that can be done the maintenance rate will rise somewhat on account of the tendency to rise in the price of supplies; it is also possible that the revision of the wage schedule recently may have some tendency to raise it, although the rate last year, I think, fell somewhat below what it was the year before. In addition to that, the pathological department has to be supported, and, of course, with it the expense of administration. If the State tax is to remain at the rate of one mill, the sum of \$4,500,000 will be raised, and the taxable property of the State increases every year. We shall have, in addition, receipts amounting to \$225,000 from all other sources. All the receipts from hospitals are considered as so much income and are all grouped together. After deducting the fixed charges from the gross sum raised from taxation there is available about \$750,000 each year as against the sum of \$1,000,000 which was appropriated when the former system of special appropriations prevailed; or, in other words, we ought to have at the same ratio \$2,000,000 where now we get only \$750,000. There are several considerations which enter into this matter to show that the State's business, on the whole, is being managed at a low rate of expenditure. The value of buildings and fixtures to-day, as officially reported, amounts to \$1,950,000. The value of furniture in these institutions amounts to \$1,500,000. We have a statement from the board of fire underwriters, covering eighty cities and towns in the northwest showing the annual depreciation of certain kinds of buildings which runs all the way from 2 per cent. or 3 per cent. up to 10 or 18 per cent. In general character the State hospital buildings approach nearest to brick store buildings with shingle roofs, and assuming that they could be compared with such store buildings, the average deterioration of that class of buildings is estimated by the board at $5\frac{1}{2}$ per cent. per annum, and that would mean, if we apply this business principle to State hospital expenditures, that we would need for repairs alone a sum exceeding \$1,000,000. The best estimate on depreciation of furniture is 1 per cent. That would amount to \$240,000 per year, to say nothing about improvements or new buildings. In addition, the net increase of the insane, as determined in a number of years, is from

Monthly Conferences

600 to 1,000 each year, the increase for the coming year being estimated at 700. To provide for these would require an expenditure of \$385,000. But in addition to all the foregoing, the legislature passed a statute which provides that the buildings on Hart's and Blackwell's islands, and the Flatbush department of the Long Island State Hospital should be vacated within a period of five years. In round numbers there are 3,500 patients occupying those buildings, and you can readily see what it would amount to at \$550 per capita to effect the change. When the Manhattan State Hospital came into the system, there was a deficiency of over 2,200 beds; but in its capacity, as certified by the superintendent, are included the barracks on Hart's island and on Blackwell's island. I will venture to say that some of you gentlemen have not seen those buildings. There is nothing like it in the State. They were put up during the war for the reception of Rebel prisoners of war on Hart's island, and were never intended to accommodate insane persons, and yet they have been so used continuously from that time to this. They should be destroyed at once, as they are entirely unfit for human habitations. If we reckon, in round numbers, the number of patients provided for in these buildings at 800, it would involve an expenditure of \$450,000 to replace them. As this burden must be met, and as probably no one cares to go back to the old system, it is clearly necessary that these matters should be understood by the legislature. We have entered into contracts looking clear through to the end of the fiscal year 1898, and some funds must be retained to meet emergencies. We had during the last five years losses by fire covering almost \$500,000, and that may not appear excessive considering the great value of the property. These emergencies will arise in spite of all the care that may be used. Care is now taken in every contract that it shall only be executed to the extent that funds are made available by the legislature. Any one connected with a contract of that kind would be liable to indictment under the statutes of the State for pledging its good faith and its resources in advance of an appropriation by the legislature. By this statement you can all see how little there is to do with and how much there is to do. Each hospital has its own particular needs and its own particular plans for improvements, but it is evident that you cannot meet something with nothing. If the tax rate remains where it is, the absolutely needed repairs can probably be kept up, but many things must be deferred, and as for going into new buildings beyond those which have been provided for and which have been allowed and for which contracts have been made, it cannot be considered.

Monthly Conferences

Dr. Blumer stated that it seemed to him that the statement made by Commissioner Brown cannot have failed to arouse each superintendent to a keen sense of his responsibility in this matter. He inquired if it would be safe to say to the members of the finance and ways and means committees that if one-fifth of a mill additional was granted for two years, there would be a likelihood at the end of that time of getting back to the old rate?

Commissioner Brown.—I think there is no doubt about it.

It was moved that a copy of Commissioner Brown's remarks upon the financial situation be sent to each superintendent, and a vote of thanks be extended to him. Carried.

The chairman called attention to the fact that estimates for baking powder ran all the way from 12 to 34 cents. Baking powder is merely a mixture of pure cream tartar, bi-carbonate of soda and flour or corn starch used as a filler. As much flour can be added to the baking powder as the maker desires, and that accounts for the price. Some of it is adulterated with alum. The stewards, at their late conference, discussed the question well and forcibly, and it was the opinion of the stewards that baking powder could very well be mixed at each of the State hospitals. Each would have to have a mixer, which costs about \$30, with the necessary apparatus, and each would buy its own ingredients and mix them, and in that way they would get a pure and uniform baking powder. It is not desirable to make it at a central point. Manufacturers acknowledge that pure baking powder was composed only of cream tartar, bi-carbonate of soda and corn starch.

The question of the manufacture of varnish by the hospitals, in the line of economy and purity, was discussed at length, and action was deferred until the next conference.

The chairman read a communication from the Utica State Hospital relative to the establishment of a button-making plant at that institution, and, on motion, the plan was adopted.

Dr. Dewing called the attention of the conference to the question of the Eight-Hour Law as applied to State hospitals, and desired to know what the practice of other hospitals was.

Commissioner Brown stated that the courts had refused to consider the Eight-Hour Law as applying to these institutions. There were bills pending in the legislature which, if they became laws, would complicate the situation very much.

The conference adjourned for the consideration of hospital estimates.

Monthly Conferences

MARCH CONFERENCE, 1897

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 30th day of March, 1897, at 2 p. m., under the provisions of section 37 of the Insanity Law.

Present, Commissioners Wise, Brown and Reeves.

Superintendents Macdonald, Manhattan; Talcott, Middletown; Wagner, Binghamton; Pilgrim, Hudson River; Mabon, St. Lawrence; Macy, Willard; Blumer, Utica; Howard, Rochester; Hurd, Buffalo; Allen, Collins; Dewing, Long Island.

The President of the Commission, chairman *ex officio*.

The chairman, for the committee on legislation, made a report, which included opinions by the executive and members of the legislature with reference to the increase in the tax rate for the purpose of construction and providing for the unusual requirements. He also submitted that there had been a proposition to submit to a vote of the people authority for bonding the State for an amount to provide for all extraordinary purposes and not raise the tax rate; that there were advantages and disadvantages in this plan. There appeared to be no further work for the committee to do at this time.

A discussion was also had upon pending legislation in reference to lunacy matters, and the opinions of the members of the conference were freely expressed, especially with reference to the provisions in the proposed New York charter which would injure the service of the Manhattan and Long Island State hospitals.

Commissioner Brown stated that he had consulted a lawyer well grounded on statutory law, and that it was his opinion that the general laws of the State would take precedence over any provisions in the charter.

Dr. Blumer.—“I take it that the bill providing for the exhuming of unclaimed bodies has the approval of the Commission?”

Chairman.—“Yes; that was advocated by this Commission for the benefit of the anthropological department of the Pathological Institute. It seems that they have looked up this matter through legal counsel, and find that they are not at present authorized to take up unclaimed bodies that have been buried by State hospitals, and they want that authority for anthropological purposes.”

The chairman under unfinished business recalled that the matter of baking powder ought to be settled. The steward of the Willard State Hospital had been appointed a committee to ascertain the cost of machinery, and to send to each hospital a formula for making baking powder, as it had been made there

Monthly Conferences

for a number of years. He also stated that a responsible manufacturer of baking powder desired to make a proposition to the conference to mix baking powder for them according to formula which might be given them, and claimed that they bought cream tartar and soda in such large quantities that, if they merely got the difference in price between what they paid and what the hospitals have to pay, it would be all the profit they would ask for the mixing process. They were informed that the Commission could not consider a matter of that kind as it was left to the several hospitals.

Dr. Mabon presented an additional report of the committee on napkins, and submitted samples, with sizes and prices marked on them.

"Your committee to whom was referred the matter of table napkins for patients would supplement its report of February 22d, and recommend that they be used for patients of the convalescent and quiet and appreciative classes. The majority of these articles can be made from partially worn out table cloths and where this is not sufficient for the needs of the institution a damask linen napkin three-quarters of a yard in size at an average cost of \$1.30 might be used. We find that if goods of a cheaper quality are employed, they soon wear out and are needless source of expense. By inquiry I find that napkins that cost \$1 per dozen wear out in about six months, whereas those that cost \$1.30 a dozen will last from a year to fifteen months. I would therefore recommend that the maximum cost be fixed at \$1.30 per dozen."

The report of the committee was accepted, and the napkins adopted costing \$1.30 per dozen.

Dr. Wagner from the committee to report upon the advisability of the use of crude oil as fuel under hospital boilers reported progress.

Dr. Macdonald presented the following report of the committee to consider the advisability of the cleaning of clothing by means of compressed air:

As a committee of your conference, appointed "to consider the advisability of cleaning clothing by means of compressed air, I beg to report as follows:

With the assistance of Dr. E. C. Dent, Medical Superintendent of the Female Department on Ward's island, I have endeavored to procure information in regard to this method of cleaning clothing, but with only slight success.

I submit the correspondence, which has been received in answer to letters of inquiry, for the examination of individual members of the conference; report that, in my judgment, the method is not

Monthly Conferences

sufficiently developed and established to justify its adoption; and ask to be discharged from further service as such committee.

The method seems to be still in an experimental stage, its use to have been limited to the cleaning of railroad cars and other purposes than the cleaning of clothing, no plant is in existence in New York city or its neighborhood, and the one which is, as will be seen by the correspondence, in use in Philadelphia, is, I judge, in an experimental stage also.

The report was unanimously adopted.

The committee on coffee roasting reported progress, and after a discussion of the question on motion the committee was given more time, with instructions to report finally at the next conference.

The chairman stated that the matter of the allowance for amusements had evidently been misinterpreted. His understanding was that, upon the assumption that no other appropriations would be asked for the maintenance of bands, and that no extra compensation would be paid employees as payment for services in bands, three cents per capita was to be allowed, and that in places where music was maintained no other estimate was to be made in addition to that, and it is now suggested that the item should always read for amusements and maintenance of band where the three cents is estimated for. Where additional compensation is paid members of the band as such it must be paid from that fund. It is in the discretion of the superintendent to use this as he sees fit, but he is to make no extra estimate for the payment of members of the band. If a man is to be employed for band services alone, and has substantially no other duties, he is to be paid out of this fund.

Dr. Blumer submitted the report of the committee on dietary:

Your committee on dietary begs leave to report that it has taken pains, by means of circular letters addressed to each hospital superintendent, to ascertain the views and wishes of the several institutions in the matter of patients' and attendants' food.

Superintendents were requested, taking the Flint dietary as a basis, to criticise the quantities therein prescribed as rations and to specify what articles, if any, they would add to or substitute for those enumerated.

The opinion prevails that the Flint table is in the main sufficiently ample and elastic in its provisions to meet all requirements. Nearly all agree that the milk ration should be increased from a pint to a quart. Other increases suggested are 13 oz. of meat instead of 12 oz. (Manhattan), an increase in the sugar ration (Long Island), and double the quantity of tea (Binghamton and Rochester.)

Monthly Conferences

Proposed reductions occur with greater frequency in the replies. Manhattan would reduce the potato ration to 9 oz. and Binghamton that of flour to 10 oz. All the hospitals would reduce the cheese with the exception of Manhattan, Binghamton being as low as 1 oz. Middletown would improve its quality. The egg ration is considered more than sufficient by Hudson River, Binghamton, Rochester and Manhattan. Coffee is not needed in full quantity at Binghamton, Rochester and Manhattan.

Such are the main criticisms on the Flint dietary, criticisms so slight as to demonstrate its great practical value as a working basis.

The question was also asked whether different classes of patients (not sick persons in the ordinary hospital sense) should receive different fare, when the bodily condition is not such as to call for a diet of nutritiveness equal to that which obtains in the case of active, able-bodied men and women, especially those of the producing class.

It seemed to your committee that in any consideration of patients' dietary some account should be taken of the dynamical abnormality (Mercier) for which the insane are conspicuous. Mechanical energy being in excess in acute mania and in defect in melancholia and dementia, it is plain that diet should be scientifically regulated in accordance with this varying equilibrium. For this reason nitrogenous food should be prescribed freely to the latter and sparingly in the former as well as to epileptics. Again, men and women engaged in hard manual work need a diet containing 60 per cent. of starch and sugar, persons in ordinary employment 67 per cent. and idle people no less than 75 per cent. For these percentages and much other valuable information on the general question your committee expresses its acknowledgement to Mercier's excellent *Manual on Asylum Management and Organization*. This author's views are shared by the hospital superintendents of this State who would use flesh-forming and heat-producing foods in accordance with the amount of bodily energy which may be dissipated in a given case. And here again the elasticity of the Flint table comes into play.

The disposition is general to treat attendants and other employees liberally, furnishing them food in such quantities and in such variety as the native member of the artizan class is accustomed to in his home or boarding-house. Some would have a separate mess-room for them or at least special tables.

All are agreed as to the undesirability of a fixed bill of fare. A plan suggested in Dr. Mercier's book is that of having a list of dinners presented to the superintendent at the beginning of

Monthly Conferences

each week. From this list he chooses seven dinners for the following week and settles the day on which each dinner is to be given. Under this plan there can be no blunting of appetite's edge by the knowledge of what is to come; on the contrary expectancy and speculation will promote salivary secretion, increase zest for food and improve digestion.

To sum up, your committee is disposed to recommend that the hospitals leave well alone, that is, that the superintendents continue to exercise such wide and wise discretion as the Flint dietary may permit. The only specific recommendations which it desires to make are that the milk ration be increased to one quart, that greater opportunity be given to purchase fruit, and that all hospitals be provided with means with which to grow vegetables in amount and variety sufficient to supply the needs and gratify the appetites of the entire population.

Dr. Pilgrim submitted the report of the committee on furniture.

The committee on furniture respectfully submits the following report:

DINING-ROOMS

Where the dining-rooms are sufficiently large to permit the use of small tables, they will be found more satisfactory than the large ones now commonly in use. Tables 5' x 3' or 3½' will seat six persons with comfort and allow sufficient room for vegetable dishes, bread plates, salt-cellars, vinegar bottles, etc. Such tables do a great deal towards removing the institution appearance of large dining-rooms and they also permit of better classification and engender a homelike feeling among the patients. Round tables 4' 6" in diameter which will seat the same number, judiciously mingled with the oblong ones, add much to the general pleasant effect. In order to use small tables sixteen square feet of floor space per patient will be required. Where the rooms are crowded, long tables 10 or 12 feet by three feet can be used with much greater economy of space, as 12 square feet of floor surface will give ample room. If table cloths are used, the tops of the tables may be made of ordinary pine finished in oil without varnish. The varnish on dining-room tables is apt to be injured by hot dishes. If cloths are not used, hard wood tops should be provided which should be well polished and almost free from varnish.

The best chair for dining-room use is the bent-wood cane seat chair which has already been adopted. Care should be taken to see that these chairs have the seats caned in the old-fashioned way so they may be renewed by patients when they become

Monthly Conferences

broken. Some chairs have the seat woven in sheets, which are inserted by pressure, and held in position by a strip of wood bent to the shape of the chair. Such chairs cannot be repaired except by taking the chair apart and putting in an entire new bottom including the frame. It is true that the new seats are provided by the makers at a small cost, but by their use an important and pleasant industry for patients is destroyed.

The serving-room connected with each dining-room should be provided with steam tables and where the dining-rooms are some distance from the kitchens it will be found a satisfactory practice to have the tea and coffee urns in the serving-room instead of in the kitchens. This necessitates small urns for each dining-room instead of one large one in the general kitchen, but where the dining-rooms accommodate from 100 to 200 patients, the increase in expense for urns will be more than balanced by the better tea and coffee which will be thus obtained.

The table-ware has already been reported upon.

BED-ROOMS

The bed-rooms for convalescent and chronic quiet patients who are able to care for their rooms should be provided with a bed, wardrobe, bureau, washstand, a small stand for books and little belongings, one small rocking chair, one small straight chair and a rug 3' x 6' in front of the bed and one 1½' x 3' in front of the washstand. Where the bed-rooms are smaller than 10 x 12' a combination wardrobe, bureau and washstand, may be used to better advantage. The Institution Specialty Company make for \$15 a very good combination piece.

The bed-rooms for disturbed and excited patients should contain nothing but the bed. In no case will it be necessary to fasten any of the furniture to the floor.

In regard to the bedstead, the report made by Dr. Wise cannot be improved upon. It is only necessary to add that the prison authorities are prepared to furnish these beds according to specifications, and have arranged with the Foster Manufacturing Company to use their patent rail fastenings.

The questions of mattresses, blankets and spreads have already been decided. It may perhaps be well to state that a fair allowance per patient is two double or four single blankets, four sheets, four pillow cases and one spread.

A suitable bureau can be purchased for \$11, a wardrobe for \$3, a washstand for \$3.50, a small rocking chair for \$2, a straight chair for \$1.50 and a Smyrna rug 3' x 6' for about \$3, and one 1½' x 3' for about \$1.25. The Japanese jute rugs are cheaper but the

Monthly Conferences

do not wear well and quickly lose their color. Samples of the furniture above mentioned have been sent to Auburn, where such furniture is to be made hereafter under the direction of the Superintendent of Prisons.

WARDS

The wards for convalescent patients and those of tidy habits, especially in the departments for women, should be provided with a runner of carpet through the centre. Nothing adds so much to the appearance of a ward as a bright carpet. One breadth and two borders make a suitable width for a ward 12 feet wide. Wards 10 feet wide need only two breadths without the border. What is known as wool velvet carpet is heavier than Brussels and wears much better and comes in brighter colors. As it costs only a few cents more per yard, it will be found more economical in the end, its cost being \$1.15 per yard. Day-rooms and alcoves should be provided with rugs of suitable size.

Where floors are old and unsightly, but where the habits of the patients preclude the use of carpet, inlaid linoleum, made in carpet pattern, answers very well. The colors go clear through the material and it is practically indestructible. It should be fastened down with narrow strips of brass which prevent wear and destruction of edges. The figured linoleum costs about \$1.35 per square yard but the solid colors, which are just as good for dormitories in which untidy patients are cared for, can be bought for one-half that amount.

All of the better wards should be well provided with leather-covered settees and freely supplied with cushions which can be made in any hospital work-shop. Chairs, leather-covered, cane seated and wicker, should be provided in sufficient numbers to afford, with the settees, a seat for each patient.

All chairs and settees should have backs from 3' to 3' 6" high. By observing this point, a chair rail 6" wide set three feet from the floor, will protect the walls from injury and prevent the unsightly marks which disfigure wards where chairs of all heights are used.

The settees may be of uniform style but the chairs should be of varied pattern with the exception of the height as above mentioned.

For the disturbed wards, settees made entirely of wood, shaped to fit the form, with narrow slats for seat and back may be used. The perforated veneered seats have not been found satisfactory on account of the swelling and separation of the veneered part when exposed to water, but we are informed that a fibre seat is

Monthly Conferences

now made from pressed leather cuttings which overcomes the objections which have been made to the veneered seats.

In such wards the chairs will need to be heavier and those with woven cane seats will be found most suitable. Rockers and odd chairs should be provided for all day-rooms, and disturbed wards especially should be plentifully furnished with substantial rockers. A disturbed patient will often expend surplus energy in vigorous rocking which otherwise would find expression in acts of destructiveness or personal violence. The fact that ward furniture should be of varied pattern is one great objection to having a furniture prison made. While the prison authorities are willing to make anything from pattern or design, it is not always easy to know just what is wanted without looking through the stock of large furniture dealers.

Pictures should be supplied for every ward, even the most disturbed, as should also flowers and song birds. Suitable pictures can be purchased framed for from one dollar and a half to four dollars. A few large pictures at from \$3 to \$4 scattered through the better wards are more satisfactory in the end and are cheaper than a larger number of the smaller ones.

The Decorative Plant Company of No. 4 West Fifteenth street New York, prepare live plants in a way that makes further attention unnecessary. After being prepared, which process does not change their beauty at all, they need no watering, are not affected by climatic influences and live indefinitely, it is stated. The prices range from .80 to \$10, and it would appear that they are worthy of trial.

Tables of different sizes for books, papers and games should be provided for all alcoves and day-rooms. Small ones for flowers and plants should be placed at different points in the long halls.

Pianos or other musical instruments are desirable on nearly every ward. Billiard and pool tables are also very useful on the convalescent wards for men.

We are informed that office furniture will be made in prison but we believe it would be more satisfactory to buy it from regular dealers. Furniture for officers' quarters can best be obtained in the open market and therefore does not require further mention here.

On motion, the report was accepted and adopted.

Dr. Pilgrim moved that hereafter the minutes of the conferences together with the reports presented be printed at the Utica State Hospital, and that copies thereof be distributed as soon after the meeting as possible among the several hospitals. Carried.

Monthly Conferences

On motion a committee was appointed to select from the reports heretofore presented such as were of value, and that the same be appropriately printed and indexed.

On motion of Dr. Blumer, Dr. Pilgrim was appointed as a committee to make such selection, and to prepare an index of the same.

The subject of table cutlery was discussed with the result that hospitals were permitted to estimate for the use of any ware except silver plated or solid silver ware.

The chairman brought up the question of the use of fruits by the hospitals as it was referred to in the report of the committee on dietary. The Auditor found that the hospitals all differed in their estimates for fruits. The difference in quantities, cost and variety was so great that it hardly seems appropriate to continue the present system. Some hospitals are accustomed to buy dried fruits when fresh fruits would be cheaper and better, and others purchased fresh fruits when dried fruits would be better. There ought to be some system flexible enough to allow the hospitals to take advantage of the markets in the matter of fruits, and to bring them down to a uniform basis, either as to per capita cost or in the matter of buying seasonable fruits. To give you a comparison of the amounts expended, leaving out Long Island and Manhattan, for fresh and dried fruits, the yearly per capita for Utica is \$0.668; Willard, \$3.88; Hudson River, \$0.732; Middletown, \$1.82; Buffalo, \$1.68; Binghamton, \$1.33; St. Lawrence, \$1.91. There is a difference between the expenditures at Willard and Utica of about 1,000 per cent. in the expenditure for fruits. Rochester, \$2.55; Long Island only expends \$0.32.

Commissioner Brown suggested that the only possible solution of this difficulty is to ascertain the total expenditure last year for fruits, dried and fresh, to see what percentage that bears to the whole question, and within the limits of that percentage the hospitals be permitted to purchase dried and fresh fruits.

Dr. Pilgrim moved that three cents per capita be allowed each hospital for the purchase of fruits, dried and fresh.

The chairman, speaking for the Commission, said he would be unwilling to agree to such an arrangement. The hospitals are now allowed to estimate for amusements in a lump sum, and he did not see how any such advantage could apply to fruits, because the statute requires that the hospitals should estimate in detail.

Dr. Wagner said that the advantage the hospitals would gain would be in having a limit which they might reach, and the assurance that the items would be allowed, if they did not exceed that limit.

Monthly Conferences

Commissioner Reeves was frank to say that it would be the means of securing a larger consumption of fruit in the hospitals than is now the case.

The chairman stated that it would not correct the bad judgment of some of the stewards in the State who use dried fruit when they should have fresh fruit.

Upon the motion of Dr. Blumer, the State Commission in Lunacy was requested to establish a uniform allowance for fruit on the per capita basis of three cents per week.

Auditor Sanford reported that he was informed that sugar was rising rapidly, and was told from very authoritative sources that it would be profitable to purchase sugar for the season at the present price, as the new tariff would advance the price. The same applied to woolen goods. The attention of the Commission was brought to this question, but they could not act without the co-operation of the superintendents.

The chairman stated that the contract for electric lamps would expire in June, and the electrical engineer for the State hospitals informs the Commission that it would take several weeks to make the same tests as were previously made. The matter should be taken up at this conference.

Upon motion, the committee of last year was re-appointed.

The question of the purchase of sugar for all the State hospitals was discussed at length.

The chairman stated that at his request the expert of a laundry machinery company had made out a sketch of rules and instructions for laundry workers. He thought they might need revision, and that they should be revised and considered by the State hospital superintendents, and suggested that a committee be appointed to consider them, and that when once accepted they should be printed and distributed to the several laundries.

Upon motion, Drs. Mabon, Talcott and Howard were appointed such committee.

Dr. Pilgrim stated that as the time for the annual examination for nurses in the training schools was approaching he thought a committee should be appointed to arrange for the matter.

The chairman declared this a proper question for discussion. It occurred to him as a member of the last committee, which did a great deal of work, that it was unjust that superintendents should be obliged to go about the State and hold these examinations. There ought to be some simpler way of doing it. He thought that an examination by the same committee should be prepared for the one year students also. There was no need of permitting these students to go on year after year, if they were going to

Monthly Conferences

be incompetent at the end of the time. There ought to be a set examination prepared for the end of the first year, and those persons who were plucked from that should not be permitted to continue, unless they entered the freshman or junior class, and go through it again, and if they missed the second time, they should be finally eliminated. Some general rules ought to be established by this conference, and it would be proper for this committee to consider that and report to the next conference.

Upon motion, Drs. Mabon, Talcott and Howard were appointed a committee to arrange for an examination of juniors and seniors.

The chairman sounded a note of warning to save the hospitals from future embarrassment, as well as the Commission, and save some vindictive legislation another year. It was in regard to the reception of cases certified to be insane from almshouses, and in returning to almshouses cases who were no longer insane within the meaning of the statute. He appreciated the fact that there was a great temptation on the part of superintendents of the poor to get rid of dependent cases by sending them to a State hospital. This matter had been recognized by the Commission, and they requested the superintendents in all these cases to send physicians to the almshouses to examine patients and see if they were proper ones for admission. In a number of cases where patients had become so quiet and inoffensive as to be returned to the almshouse, the superintendents of the poor, in common vernacular, have kicked and made a fuss about it, and tried to create a local sentiment antagonistic to the hospitals. He thought that the matter could be largely overcome by the exercise of a little more tact on the part of the medical superintendents and suggested that in such cases superintendents confer with the local officers of the poor rather than to arbitrarily demand them to remove these cases, or to undertake their care; but if they would ask the superintendents of the poor in such cases to select a physician to come to the hospital and confer with the superintendent regarding the care of these cases, that a feeling of deference to the opinion of the local officer and local physician would lead to a friendly relation, and would seal their mouths against subsequent complaints in the community, which in almost every instance had been the result of sending patients back. No one recognized more than he did the dangers that had to be looked out for, as the present system was not sufficiently intrenched to defy local sentiment, which had after all a very far-reaching influence. It reached the local members of Assembly, and they in turn come here in the winter and talk, and they talk to an important audience, and the result is not always

Monthly Conferences

favorable. Without making further suggestions, he advised that in such cases, in which persons are certified as insane from almshouse, the very best of the physicians on the staff, on the side of the superintendent, be selected to visit them. He thought it had been the custom to send one of the lower members of the staff, sometimes an interne, to examine these cases, and that their opinions were not in the proper sense expert opinions. Care should be exercised to send one of the senior members of the staff, so that the superintendent could depend upon his opinion, because if arbitrary action was to be taken upon the opinion of the physician who decides this case in the almshouse, and a mistake should be made, there would immediately be aroused an antagonism that in one way or another would injure the system. If they were sure enough of their position to defy public sentiment, which they never would be, it would probably not make as much difference. It is well known that some of the most important members of the legislature are antagonistic to the State Care System. It is therefore suggested that, as far as cases that are sent to the almshouse are concerned, if they recover, or after they have become not insane within the meaning of the statute whatever that may mean, that a little tact and a little ingenuity be exercised by the superintendent to see if they cannot leave without feeling behind this transfer that will be friendly rather than unfriendly. It was merely a suggestion, and no order would be issued, because he thought that it could be arranged amicably.

Dr. Blumer suggested that it might be well not to send a medical officer. The very fact that such was sent made it a question as to the local physicians being able to diagnose the case. Why not have the case admitted as an ordinary case, and then, if found an improper one to keep, go about it tactfully and judiciously, and have it returned.

The chairman suggested that it was a great deal easier to get a patient in a hospital than to get a patient back. It is a safeguard against this danger that has been apprehended, and it is a danger that is not imaginary. It really does exist, because there are well known instances in the State where dotards and cases of senility had been sent from almshouses upon what might be called improper certificates to the State hospitals. Of course this might apply also to cases committed from their homes, but under these circumstances the same difficulty is not experienced in returning them.

Dr. Blumer stated that in some instances he had reason to believe that from the statements of physicians patients upwards of seventy years of age are dotards. In those cases there was not much need of sending a physician, and in several instances

Monthly Conferences

he had succeeded in convincing the authorities of the undesirability of sending such a person to a hospital, and had done so without creating any feeling.

The chairman stated that the former practice at the St. Lawrence State Hospital had been to send not only to almshouses but to homes, where the certificate would lead to the belief that the case was one of senility and not of insanity; but a physician had been sent to those cases even if they were in private families, and in many instances the friends had been led to see the folly of sending these persons to the hospital, and had refrained from doing so.

Dr. Pilgrim stated that in many cases the certificate was not received before the patient.

Dr. Blumer stated that it was desirable to write to the certifying physician, and to defer to his judgment.

Commissioner Brown said that since the first of July a very different condition of affairs had existed than ever existed prior to that time under the Insanity Law, which made the superintendent the sole, final and absolute judge of admitting any case; not even a judge's order is conclusive, but the superintendent is now made final arbiter in the matter, and he has the undoubted right to seek any opinion in his power to protect himself. The question of the reception of a patient must ultimately be determined by him, and it is a justifiable thing to do, as he must take the responsibility. He quite agreed with what the chairman had said, that it would be well to send the most experienced physician in the doubtful cases; but he had no doubt about the propriety of sending one. He thought it ought to be done.

The chairman said that the great power now held by the superintendents would probably lead to danger unless they were careful and tactful in its use. It was very easy to antagonize a local officer of the poor, because the superintendent is under the present law quite independent of the court. He cannot be reached in any way, and the feeling that he has this power should not lead him to use it unnecessarily.

The chairman stated that a representative of the Royal Arcanum had made application to reimburse the State in the case of members of their organization that were committed to hospitals, and would consider it a favor if they were informed in such cases and permitted to reimburse the State. This applied to the city of New York and county of Kings, and he had no doubt that the councils outside the city would desire the same thing. They do not care to have any member of their order dependent, and there are funds set aside for their care. This rule might also apply to the Odd Fellows, Masons, and other secret societies, and

Monthly Conferences

the attention of the superintendents was called to the fact, in order that they might call the attention of the societies or lodges to any of their patients to which they may belong.

Commode chairs, their use and the best for the purpose, were discussed at length.

Dr. Wagner stated that among the articles of the civil service rules is that a candidate for medical interne, or a medical interne who is a candidate for junior assistant physician, if he fails in one examination, is required to wait a year before he is permitted to take another examination. The position it seemed to him was so low down in the rank of the medical service that this requirement was not necessary, as it placed in the way of a candidate for assistant physician, not only the year of service that he is required under any circumstances to take, but if by any reason he should fail in one examination, he has to serve two years before he has even a chance to establish eligibility, and even after that he has passed one examination, he is not sure of appointment. He may be obliged a year later to take another before he secures a place on the staff, and all this time he is receiving wages lower than an ordinary mechanic. It seems proper for the conference to request the Civil Service Commission to waive this regulation, and allow any man who may have failed in one examination for interne or junior assistant physician to take the next examination that is held.

The chairman asked if, as a principle, a medical interne who had failed to reach 70 per cent. in an examination was desirable to retain in the service.

Dr. Wagner replied that any man, though he be ever so able, may slip up in an examination, and in view of the lowly position of a medical interne, it seemed that it would not be unfair or unwise to give him a second opportunity. He also stated that the Civil Service Commission would heed a request if it came from the conference. He therefore moved that it be the expression of the sentiment of this conference that this regulation should be removed, and that the Civil Service Commission be asked to eliminate it from the rules. Carried.

Other detailed matters of administration were discussed at length.

Commissioner Brown said: "The question of accommodations for the insane is always a serious one. We all know that the statutory limit is at this time \$550, and that the cost of keeping these accommodations in repair during a long series of years amounts to a considerable sum—probably \$200, to keep these buildings in proper repair. It has occurred to me that it is worthy of consideration by this conference whether it might not

Monthly Conferences

be well to allow employees where they choose to do so, in the discretion of the superintendent, to live outside of the hospital. I am satisfied now the way the hospital service is organized, with day service and night service, and where, as is the case in many instances, there are rapid means of communication, that a very large number of employees, especially attendants, would be glad to live outside, if permission were accorded them. I do not think the discipline would be impaired. I think if the superintendent exercised discretion about the class of employees that should live outside that no trouble would be experienced. Certainly if the superintendent found that an employee was dissipating or giving up too much of his time at night to pleasure, he could be dropped from the rolls, and I believe it would be wise, even if it involved some additional expense in the way of increasing the commutation, to allow this experiment to be tried. If it were tried, the State would gain at once in the increase of accommodations. I have talked with several of the superintendents about it, and I am convinced the State would gain in accommodations a very large number of beds at once. If this matter could receive some consideration at this time when the demand for provision for the insane is so great, it might accrue to the interests of the State. I refer to those institutions where attendants live upon the wards. Of course where they have special accommodations, no additional room for patients would be gained. It is not assumed that all these employees would live outside. There is another consideration, that, if these employees were allowed to live outside, many of them would marry who now believe that they cannot afford to do so. They would build little houses of their own, and it would result in securing a greater permanency of employment in many instances than now exists. At Binghamton, Buffalo, Utica, Rochester, Ogdensburg, Middletown and several other hospitals it seems to me no reason exists why the experiment should not be tried. I know superintendents whom I have talked with about it have expressed a willingness. It seems to me with each employee that goes outside the capacity of the hospital ought to be increased. Dr. Blumer has a case in mind where he would be very glad to have a physician live outside. The trouble is under the law a physician is a resident officer, and required to live on the premises. In the case of Long Island, we had to make an exception, because there was absolutely no room. The Commission was put in the position of building a house or allowing the general superintendent to rent a house off the hospital premises. A clause might be inserted in the statute, which would permit resident officers to live off the premises, but, of course, it is not as important in the case of officers as in the case of attendants."

Monthly Conferences

The chairman stated that his experience as a superintendent had led him to the conclusion that if an employee is immoral or inclined to dissipation that ruin comes a great deal quicker when he is outside the supervision of the discipline of the hospital than when he is constantly within it, and he had been very careful in his selection of cases in granting the privilege of living off the hospital premises. He found that a great many of these men would only remain in the service a short time after going outside, who if they could have been kept in the fold and watched, would have got along very well; but where they had twelve or fourteen hours outside the discipline of the institution, they gave way to their impulses, and the consequence was that after a few months they were discharged from the service.

Dr. Pilgrim stated that that was precisely his experience. It has been the practice so far as possible to allow night attendants to go home to sleep, but he had found that instead of sleeping, they would be out in the afternoon around the town, and then be unfit for their duties at night.

The chairman stated that superintendents now had the discretion of permitting employees to live outside, and commuting them, if they desired.

Commissioner Brown said that it had been the understanding up to the present time that it was the policy of the State that employees should live inside. It would be worth millions of dollars to the State if these people lived outside.

The chairman said that it would not be when the interest on the investment was taken into consideration. It would be a very bad investment. For instance, if an employee was allowed \$10 commutation per month, it would amount to \$120 per year.

Dr. Howard stated that at Rochester inside employees were allowed the use of the laundry, and it was suggested that they be allowed to use it if they lived outside.

The chairman stated that the laundry question was discussed very fully when the laundry matter was considered, and it was the universal opinion that it was a dangerous thing to allow covered market baskets to go outside from the hospital premises, else it would be necessary to devise a system of espionage for these people that would insult every one of them, and he did not think it was feasible. Dr. Blumer's opinion at the time he made his report was against the advisability of allowing people residing outside the hospital premises to use the laundry.

The chairman stated that he was obliged to disagree with Commissioner Brown. He said that when outside living was once established, it never could be broken up, whatever rules might be applied.

Monthly Conferences

Dr. Pilgrim said that in a short time people that lived outside would be starting vocations of their own, and they would lose interest in their hospital work.

Dr. Hurd said that he had not experienced any embarrassment in this respect, although he had selected cases very carefully to live outside in the first place, but it was necessary for them to adopt this as a matter of necessity, because they had no room, but they had not experienced any unfortunate complications arising from it.

Dr. Wagner's experience was that the fact that they lived outside did not apparently affect their stability or lessen their length of service in the hospital. They had a large number of people who had been connected with the hospital from five to twelve years, who were living outside. Some of the best employees they had, many of them mechanics, lived outside. They were permitted to do so because they were good. They had received a large number of applications to live outside, and had allowed a few attendants, some night attendants and a few day, allowing them commutation. There had been applications where he did not think it would be to the interests of the State for the people to reside outside and to pay the \$10 commutation. Some employees are living outside without commutation. He thought it might be practicable to build frame cottages for employees that would be entirely satisfactory for \$250 or \$300 per capita.

Commissioner Brown had no doubt of it; but all he asked was that each superintendent in his discretion should go as far as he desired in regard to it.

The chairman thought that there was nothing to prevent a superintendent from exercising his discretion, but he ventured to say that, if one-half the employed population of the hospital were to be permitted to live outside, it would result in disaster.

Dr. Talcott referred to the question of safety in a hospital with regard to the care of patients. It had been intimated that too many of the best employees were permitted to live outside, and that in case of fire a hospital would be short of help, and in that case it would be very difficult to get the patients properly out. At Middletown there were some thirty or forty people who lived outside of the hospital, some of them married couples, and a few girls who had their own families in town. Some of the firemen were allowed to go home, but they had tried to keep enough help to protect the patients in case of fire.

Dr. Blumer referred to the practice of licensing boarding houses as in the case of the New York Mills, who own their own boarding-houses, and put somebody in charge.

The conference adjourned for the consideration of hospital estimates.

Monthly Conferences

APRIL CONFERENCE, 1897

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 29th of April, 1897, under the provisions of section 37 of the Insanity Law.

Present, Commissioners Wise, Brown and Reeves.

Superintendents Hurd, Buffalo; Pilgrim, Hudson River; Wagner, Binghamton; Howard, Rochester; Mabon, St. Lawrence; Macy, Willard; Blumer, Utica; Macdonald, Manhattan; Dewing, Long Island; Steward Leonard, Middletown.

The President of the Commission, chairman *ex officio*.

The chairman said: "The Commission has authorized me to make a statement to the superintendents—substantially the same statement was made yesterday to the stewards—regarding the question of cost of maintenance. That is the one that now seems to be most prominent before the Commission. It has received substantial notice from the lawmaking power in an informal way that the maintenance is too high in this State. This same government will be in control next winter, and it is but just that we should give their warning some attention. Now when we come to look over the estimates, and figure them up for the last six months of this year, averaging them for all of the State hospitals, exclusive of Manhattan, the proportionate rate of increase would be about \$8.03 in advance of last year. I think it is imperative that we go with our report to the legislature next winter without showing an increase in the cost of maintenance for the year. There are many ways it occurs to me in which retrenchment may be made without any lowering of the standard. We have reviewed the estimates in a comparative way for the last few months with the preceding year, and it seems evident that there is a change in the character of the estimates; that they now show a tendency to spread out into variety; where you used to be satisfied with one variety, it has gone on now to two or three and sometimes more. In quantities also there have been increases. It is my belief, too, that the tendency to store things is increasing, and if you were to compare your present stock with the inventory of a year ago, I believe you would find your stores have made substantial increases. This is a general proposition, and does not apply to any individual hospital, for I am speaking of the entire system. I think it has resulted from several causes. The tendency is, of course, to buy cheap, and you can buy cheaper in original packages of large quantities for one reason than by the old system of purchasing for a month. It is easier to purchase in larger quantities for a longer period and

Monthly Conferences

less trouble than to buy for a short period; hence if a hospital needs three units of a kind, and the article comes in quarter gross packages, instead of estimating for three units, the estimate is made for a quarter gross, and you have it in stock; and I am confident that your experience will bear me out in the statement that employees who have ascertained that an article is in stock, and there is no possible system you can adopt whereby they will not find out, will persistently make requisitions for them until they get them, and the consequence is that it will lead to their use where, if you did not have the stock, they would go on using the old article for a longer time. This is a matter of experience, and not one of probability at all, and it is a condition which exists in every hospital. I think this has a tendency for one thing to lead to greater expenditures than are necessary. The pay-roll also is a large item of expenditure. It is more than one-third of the whole cost of maintenance. I do not want it understood that it is the purpose of the Commission to suggest for one moment that your ward service be decreased, because the Commission does not believe that the ward service is any too good. In fact, the great improvement in the system of care in the hospitals has been in the increased efficiency in the personal care of patients, otherwise the ward service; but when you realize the fact, and it is a fact, that but one-half the employees in the State hospitals are employed upon the wards, it will be a good preface to what I wish to suggest. It is a fact that the ratio of attendants to patients in all the State hospitals taken together is one to nine, while the ratio of all employees to patients is one to four and one-half—just twice as many. It must be borne in mind that the expensive employees are the ones who are employed outside of the ward service; the cheapest help is in the care of the patients, and the expensive help is in the skilled departments, and I fully believe there is a possibility for retrenchment in that respect. The service can be so organized that a large part of the so-called skilled help can be dispensed with. As an instance, there are hospitals in the State that will not employ any but journeymen for these departments; instead of having one journeyman and assisting him with helpers, they want all journeymen at journeymen's wages, and those wages are determined in large part by local labor unions, so that the hospital is entirely dependent upon them for the rates they have to pay. Take the instance of painters, the great amount of painting that is done in the State hospitals is of the very plainest character, and a man who can be taught to put the material upon the walls in an economical manner is sufficiently good for the

Monthly Conferences

purpose. Therefore, if a hospital had one journeyman paid as foreman, and employed in place of journeymen helpers, can be had without trouble and paid attendants' wages, it would be found that the maintenance account would be largely decreased. One of the ways in which outside employees are increased is by the need of some extraordinary work which the hospital has to do. The statement is made to the Commission that it would be more economical to put a person on the payroll at monthly wages than to pay them by the day, and he is upon the payroll. The extraordinary work is completed, but the man is never taken off. I have never yet known of an instance where a man put upon the pay-roll under those conditions has ever been taken from it, but, of course, there may be instances that have not come to my attention. The Commission have been forced into the position of earnestly advocating retrenchment of expenditures for maintenance, and it is not wholly a matter of choice with them. If they had an unlimited amount of money they would permit you to carry out your functions undoubtedly to the fullest extent, but they are forced into a position where they must practice the utmost economies in the maintenance of the patients. We must therefore lend ourselves to retrenchment for the purpose of protection, and how that shall be done is a matter to be determined by this conference. It would be preferable for the superintendents to do it, but, if they will not, the Commission must do it, and, if they do, it may result in more or less embarrassment to the hospitals, because changes cannot be made at the hospitals, where they know the absolute necessity better than they can be made here. We depend upon you superintendents for advice and counsel, and you meet us here as counsellors. We want to be just as liberal with you as we can and protect the State system. We know that you are just as interested in maintaining the present system of care as the Commissioners in Lunacy are, and we hope we will not appeal to you in vain to assist us in going with our next report to the legislature and say that there has been no increase in the per capita cost of maintenance, notwithstanding the advance in the cost of supplies."

At this moment Dr. Carlos F. MacDonald, the former president of the Commission, was invited to a seat in the conference.

Dr. C. F. MacDonald said: "When I came into the room I was not aware that the conference was in session, but I have said only this to suggest in answer to your invitation in regard to the question of the permanency of State Care of the insane. Of course there is a certain danger that it may grow into public disfavor by reason of the high per capita cost of maintenance,

Monthly Conferences

the large burden on the taxpayers that this system involves, and the fact that comparisons are made with the per capita cost in other States, particularly in the larger States of the Union, and where it seems to be much lower, and where we all believe that the standard of care is not as high as it is here. I think that we all naturally feel an interest in keeping up the standard of care, but I believe, as Dr. Wise has said, that if the superintendents would make a zealous and concerted effort to lower the per capita cost, say to the extent of \$10 or \$15 a year, it would effect a saving in the appropriation of perhaps a quarter of a million, and I believe it can be done by looking out in each individual hospital for the small leaks in various directions and for economies that can be practiced there without lowering the standard of care, if each superintendent will take it upon himself to make a special effort in that direction. I think it is to the interest of every hospital and the Commission as well as to the taxpayers and general public that the per capita cost should be cut down to the lowest possible figure that would be consistent with maintaining the standard of care which we all understand and believe in. I hardly feel it is in good taste for me to make these suggestions, as I am entirely out of the service, and I only express my opinion as to what I believe can be done. The present President of the Commission begins to realize I think, thoroughly the difference in the position which he must maintain as a commissioner as compared with that of a superintendent, and now looks at these matters from a central standpoint, and finds it no doubt, sometimes very trying."

Commissioner Brown said there was very little he could say to supplement what had been said, but that they were met constantly with the cry that the maintenance is too high, although he did not suppose that anybody believes that the rate last year was very much too high, considering what was done for the insane. It may be found in experience that it is too high, but certainly it must be kept down to where it was last year. It was not until towards the end of the session that the claim of a high maintenance had been raised, but there is very little use in arguing with people who are ignorant of what the State hospitals are doing. They compare them with soldiers' homes and other institutions, and ignore the fact that those people are sane and do not require custodial care, nurses or employees that the hospitals for the insane require. Nevertheless that is an influence that must be met. There are also a class of writers who are constantly making comparisons with the maintenance of other States. I have visited institutions in other States within the last year, and I am very free to say that the standard

Monthly Conferences

of care was enormously below the standard of care furnished New York, although the fact is that they take care of the patients. I found in several hospitals that have a standard reputation that the ratio of attendants to patients is one to fifteen. One unfortunate circumstance is that the term "maintenance" in the minds of many people signifies only food and clothing, and that is about the only thing that they can distinguish, and they do not stop to realize what all this means, and that when we speak of \$3.58 per week, it does not mean tab board alone, but nurses and attendants, medical service, transportation, and all other expenses, which enter into the care of the insane. The critics of the maintenance rate in this State say that in Albany at \$4 very respectable board can be obtained and that if that can be done in the city of Albany, why should it cost \$3.58 to maintain the insane, and this has a very powerful weight. As the president of the Commission has suggested to you, he thought that each one of the superintendents should take their estimate for last year and see where this increase had come about, and see that during the next six months, even if it became necessary to reduce the outside help, that the maintenance be cut down. He feared that if this were not done the legislature would provide that the maintenance should be absolutely fixed, and it was very likely that they would fix it lower. That it was well understood that it would be a great embarrassment to operate the hospitals upon the same basis; for instance, it would be unfair to put Rochester, with 450 patients, on the same rate of maintenance as Willard, with 2,200.

Commissioner Reeves affirmed and concurred in all that had been said in behalf of retrenchment, and could add nothing more than what had already been said, except to reinforce what Commissioner Brown had said about the prevalent difficulties in the legislature.

The chairman said that it should be said in favor of the hospitals that the wage schedule had somewhat increased the per capita during the first three months of last year, and estimates for one and two would undoubtedly show an increase which was unavoidable and which must be admitted by everybody.

The chairman further said: "I wish further to say that I stated in a public meeting long before I ever expected to be a member of the Commission that the hospitals had been treated with extreme liberality for some time previous by the Commission; but there is a matter that should be dwelt upon with some care relative to a danger that exists in ignoring a proper classification between the acute or hospital cases, and those who may properly be classed as chronic insane. There is no charge made

Monthly Conferences

that the Willard State Hospital for the class of patients it maintained under the old system did not have a proper standard. There might have been deficiencies in some respects, but it was generally admitted that the insane as a class were well cared for. The great mass of your patients after all, belong to a certain class so dependent that, if they were called paupers, it would not be wholly a misnomer. They need custody, supervision, observation, but very few of them need treatment in the ordinary therapeutical sense, either as regards diet or medicine, and there is no reason why the same quality and variety of supplies should be furnished this class as are furnished the acute and convalescent, or the class needing treatment with a view to recovery. I think it would be eminently proper to make a distinction in that regard."

Dr. Pilgrim gave his assurance that he would do his utmost to carry out the wishes of the Commission, and while admitting that the maintenance for the first six months was increased over the corresponding period last year, he thought that by watchfulness the yearly per capita might be brought down to its previous rate. He also inquired if some distinction should not be made with regard to the food and care given to employees.

The chairman stated that that was a matter within the discretion of the superintendents, and that the Commission had no desire to interfere in the internal management of the hospitals, provided they kept within reasonable bounds.

It occurred to Dr. Blumer that there was one direction in which the State might practice economy in wages by reducing the schedule with reference to vacations and leaves of absence. In his judgment the State hospital attendant had far too much time allowed him. At Utica the attendants were perfectly satisfied with the amount they were previously allowed, one-half day per month and two nights a week and a fortnight a year. This practice of giving each person every fourteenth day, and which results in requiring extra attendants, would not be necessary. He favored a revision of the schedule in that particular. The service was a great deal less arduous than it used to be, and in their experience they did not obtain any better quality of service since the new regulations went into effect.

The chairman suggested that that might be taken up for reconsideration under the appropriate head on the part of the superintendent, and he did not think the Commission would object to any regulations upon which they all agreed.

Commissioner Reeves reported that the special legislation attempted last winter had all failed of passage. He stated that

Monthly Conferences

as far as he was aware, there was not a law enacted that in particular affected the State hospital system.

Dr. Howard inquired if there were any provisions in the rate bill affecting the management of the hospitals.

The chairman said that he had the privilege of reading a copy but had not seen the bill as it passed. His understanding was that it gave authority to the superintendents at their discretion to permit officers to reside away from the hospitals.

Dr. Blumer submitted a report on coffee roasting and spice grinding, as follows:

Your committee to which the March conference granted further time for the consideration of the question of locating a coffee-roasting and spice-grinding plant for the State hospital has the honor to beg leave to present its conclusions as follows:

It will be remembered that Dr. A. E. Macdonald of the committee, with whom there had been no opportunity for conference before the meeting, having obtained new information on the subject somewhat at variance with that procured by the committee of stewards on a former occasion, declined to sign a report which the two other members had subscribed, whereupon the chairman withdrew his report and, upon motion, your committee was instructed to report definitely at this conference. Some doubt existing in the minds of the committee as to whether or not the whole question had been re-opened, that is, whether the question of establishing a State hospital roasting plant should still be regarded as *sub judice*, it was deemed the safe course to interpret its instructions liberally and, so far as possible, to cover anew the whole ground of inquiry. In this work it was materially aided by statistical information collected by Dr. A. E. Macdonald, and submitted herewith as an appendix to this report, with reference to the apparent disadvantage of selecting Utica as a location by reason of the double handling of freight, which such a situation would involve. It seemed in fact on the surface anomalous that a plant remote from the coffee market to which the green berry should be shipped for treatment and thence re-shipped back to New York and other points already passed in transit, should best subserve the economic needs of the service. Consultation with persons who appeared to be wholly disinterested as to the outcome of the committee's deliberations confirmed this doubt and convinced your committee that a roasting plant, if authorized at all, should, in view of the vastly larger consumption by the Manhattan and Long Island State Hospitals compared with that of any other section of the State, be established in New York city under the immediate management and control of the Manhattan State Hospital. T

Monthly Conferences

conclusion was reached after dismissing the proposal that advantage be taken of existing private roasting plants of the trade, after purchase of green coffee in bulk for the entire service. The advantage of State ownership and control of a plant is not merely a pecuniary one, granting even that there would be no great saving of money. It would eliminate every reasonable possibility of substitution or recourse to such devious tricks of the trade as the doubting consumer might impute to an astute intermediary. Moreover, it would ensure not alone uniformity of the coffee itself, but uniformity in its treatment. Neither does there in fact appear any doubt but that, in view of the small cost of equipping a plant, even though it should involve the erection of a building for the purpose, the State would be the gainer by such ownership.

The question resolves itself therefore mainly into one of location. Ward's island seems to offer decided local advantages. Your committee understands that the green coffee could be loaded free of charge at the Brooklyn warehouses on board the hospital steamer, or, if not that, at a small cost for lighterage, say about \$100 annually if hired lightered. The wages of a good roaster would be about \$17 per week and it is to be presumed that the other labor necessary, being done by patients, would involve no further cost. As regards cost of machinery your committee is informed by the Fraser Mfg. Co. that a modern plant would not cost erected to exceed \$1,100, exclusive of motive power.

Coming to the matter of purchase your committee believes, as the result of personal conference with trade experts, that the best results could be obtained by securing the services of a coffee broker whose reputation for efficiency and integrity shall have been so established as to be unimpeachable. That there are such brokers cannot be doubted, and your committee would respectfully recommend that the final selection of one, after thoroughly canvassing his qualifications, be left to this conference.

As regards methods of purchase, of keeping accounts, and the other practical details which the subject involves, your committee would recommend that that be left for subsequent determination after the selection of a broker. Your committee believes that the plan of having a committee of stewards pass upon the quality and selection of coffee would not be a measure of wisdom, however much it might appear to commend itself as one of precaution or expediency.

The minor matter of spice-grinding has also been fully investigated by your committee with like results as to desirability of

Monthly Conferences

State ownership of a plant. It has discovered that spices are awfully adulterated and that there are peppers on the market which contain no pepper whatsoever.

A spice-grinding outfit would cost \$700 and a mustard pouring apparatus \$350. A 25 h. p. Eddy motor capable of operating both coffee and spice plants would cost \$660. The two plants should be sufficiently separated to prevent absorption by the coffee of foreign odors.

All of which is respectfully submitted.

G. ALDER BLUMER,
WILLIAM MABON,
A. E. MACDONALD.

April 29, 1897

NOTES FOR COFFEE COMMITTEE

Estimating the cost of roasting coffee at Utica on the amount used by the Manhattan State Hospital only, figured on a basis of 120,000 pounds, roasted (to produce this roasted return, 142,800 pounds of green coffee must be shipped to Utica):

Freight to Utica on green berry.....	\$242
Drayage at 10 cents per bag.....	142
Drayage in Utica, (?).....	.....
Freight from Utica on roasted product.....	204
Drayage in New York.....	120
	<hr/>
	\$709

It is possible that to these figures a small amount for continuing expenses should be added, as well as the cost of roasting Utica.

Contra:

Drayage.	\$120
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In purchasing green coffee there is always a percentage of small, imperfect beans. These will, if the proposed plan is carried out, be included in the roasted coffee furnished to the hospital—a constant depreciation in quality.

The following representative firms in this city roast coffee for the State institutions at $\frac{1}{4}$ cent per pound.

Wm. J. Stitt & Co., 158 Chambers street.

Dan Horn, Maguire & Gaffney, 76 North Moore street.

B. Fisher & Co., 393 and 397 Greenwich street.

Monthly Conferences

Freight rates on coffee from New York city to the points named below are as follows:

Buffalo.	19c. per cwt.
Rochester.	18c. per cwt.
Willard.	18c. per cwt.
Ogdensburg.	24c. per cwt.
Poughkeepsie.	11c. per cwt.
Binghamton.	15c. per cwt.
Utica.	17c. per cwt.
Middletown.	16c. per cwt.

The cartage from storehouse to freight depots is 10 cents per bag. The weight of each bag of coffee is 130 lbs. If coffee roaster be established at Utica the cartage alone on the green berry will amount to (on 428,500 lbs., or 3,296 bags) \$329. From the freight house in Utica to the hospital there will be hauling charges in addition.

The freight on the green berry from New York city to Utica at 17 cents per cwt. would be \$728.45. This contemplates entire car-load shipments.

The return freight from Utica on the roasted coffee for this and the Long Island State Hospitals (about one-half of the entire quantity used) will amount to \$306; the cartage charges at this end for both hospitals will be at least \$138.

It is possible that, if the roasting is done at Ward's Island, the green berries purchased may be brought to the island by our own steamer without cost. If not, they can certainly be brought by lighters, which would cost, as estimated, \$96 a year for the quantity used by all State hospitals.

The cost of a coffee-roasting plant, erected, will be \$1,700. If thought best, two might be provided—one at Ward's island for hospitals south of Utica; one at Utica for that hospital and those north and west of it.

The report was accepted.

After discussion of the recommendations of the committee, it was upon motion. Resolved, 1st. That the plant should be located at Ward's island; 2d. That a broker should be engaged by the conference to make purchases for the hospitals. 3d. That the spice plant should be established also at Ward's island, and that the same broker who purchased the coffee should also purchase the spices.

Dr. Wagner submitted the following report on the use of oil as a fuel:

In compliance with instructions received from the conference there has been installed at the Binghamton State Hospital the

Monthly Conferences

necessary apparatus for burning fuel oil under two boilers furnishing steam for the hospital electric plant. The apparatus in use has been furnished by the Consolidated Gas Fuel Co. of New York city. It has been in operation but a few days and this report therefore is intended to show what has thus far been accomplished but is not to be considered as complete or final.

Three tests have thus far been made with oil and one with coal. In the oil tests the time of operation was recorded; the oil and water were carefully weighed; a record was kept of steam pressure; the temperature was taken of the feed water, and the load on the engine in amperes was noted.

The first test was made April 22d.

Oil Test

Time, $4\frac{1}{2}$ hours; oil consumed, 912 pounds; water evaporated, 14,416 pounds, which gives $16\frac{6}{100}$ pounds of water evaporated for each pound of oil consumed, and $16,107\frac{35}{100}$ heat units for each pound of oil.

Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, 126 amperes.

The second test was made April 23d.

Coal Test

Time, $4\frac{1}{2}$ hours; coal consumed, 1,386 pounds; water evaporated, 10,882 pounds, which gives $8\frac{27}{100}$ pounds of water evaporated for each pound of coal consumed, and $8,000\frac{54}{100}$ heat units for each pound of coal.

Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, 117 amperes.

The third test was made April 26th.

Oil Test

Time, 3 hours; oil consumed, $716\frac{1}{2}$ pounds; water evaporated, 10,600 pounds, which gives $15\frac{58}{100}$ pounds of water evaporated for each pound of oil consumed, and $15,079\frac{8}{100}$ heat units for each pound of oil.

Average temperature of feed water, 192 degrees; average steam pressure, 64 pounds; average load on engine, 211 amperes.

The fourth test was made April 28th.

Oil Test

Time, 3 hours 8 minutes; oil consumed, 602 pounds; water evaporated, 8,904 pounds, which gives $15\frac{48}{100}$ pounds of water evaporated for each pound of oil consumed, and $15,071\frac{78}{100}$ heat units for each pound of oil.

Monthly Conferences

Average temperature of feed water, 195 degrees; average steam pressure, 65 pounds; average load on engine, 61½ amperes.

The heat units in each case have been figured from absolute pressure.

Your committee would report that this investigation did not satisfactorily determine the question as to the advisability of using oil for fuel under boilers, and your committee would therefore request further time in order that a more complete report may be submitted at the next conference.

Commissioner Brown inquired if he had taken into consideration the question of wages.

Dr. Wagner replied that he had not, but he had simply endeavored to ascertain by short tests the amount of water that would be evaporated under similar conditions by an equal amount of coal and an equal amount of oil. He expected before the next conference to run the boilers continuously a number of days and be able to report at length with regard to wages and fuel and all matters entering into the test.

The report was accepted.

The progress of the committees in the selection of reports of previous conferences, on electric lamps, and the preparation of rules for laundry workers was reported.

Dr. Mabon asked instructions for the committee on nurses' examinations with regard to the examination of the junior class.

The chairman stated that his interpretation of instructions was that the committee were to prepare an examination which was to be uniform for all the hospitals for the juniors and seniors, but that the committee were not expected to conduct the examination.

Dr. Macy inquired whether workmen in the hay-field or at outside labor might wear any other kind of a hat than the white helmet prescribed in the uniforms.

The chairman stated that under extreme circumstances the superintendents might overlook violations of the rules in this respect.

Dr. Blumer suggested that a committee be appointed to inquire into the desirability of changing the classification of forms of insanity as they appeared in the official tables.

It was suggested that a committee was appointed last year, of which Dr. Macdonald was the chairman, to report upon this matter.

The chairman emphasized the importance of the consideration of this question. One of the most serious criticisms of the tables presented by the Commission is in regard to the table on forms of insanity. It was understood when it was adopted that it was a

Monthly Conferences

tentative table, and that within a year it would be revised, but it has gone on for many years, and he thought the time had come when New York State in the presentation of its reports should be abreast of the times.

After further discussion, Drs. Blumer, Pilgrim and Hurd were appointed a committee on the revision of the classification.

The question of revising the schedule with relation to vacations of attendants to accord with the better interests of the hospitals was considered and discussed.

Dr. Macdonald stated that they had never followed the schedule, although they have an understanding with the Commission that they would not be expected to do so, in view of the situation of the hospitals upon the islands; they were obliged to arrange the time of their employes to accord with the departure of steamers from the different islands. He agreed with those who had spoken that the allowance was over ample, and that many employes preferred to remain upon the premises rather than to take it. They were not allowed to do so, however, unless they performed their duties while they stayed.

Dr. Mabon thought the time might be reduced.

Dr. Macy endorsed Dr. Blumer's views.

Dr. Pilgrim claimed that he had never lived up to the provisions of the schedule. They had taken advantage of the clause which says that they shall have each fourteenth day or equivalent; and they found it more convenient to give them from four o'clock three times a month and one-half day a week.

Dr. Hurd thought that the fourteenth day was too much; gave too much time all at once, although he would not be in favor of going back to the half day a month absolutely. He preferred substituting two half days per month.

Mr. Leonard, speaking for Middletown, stated that it gave more than they had been accustomed to, but he feared it might create great dissatisfaction to go back.

Dr. Howard's motion to continue the present arrangement was lost.

Ayes—Drs. Howard, Wagner, Pilgrim, Mr. Leonard.

Noes—Drs. Macdonald, Blumer, Dewing, Macy, Mabon, Hurd.

After further discussion, Drs. Wise, Pilgrim and Blumer were appointed a committee to consider the matter and report to the next conference.

Dr. Macdonald reported the results of the application to the court to punish Dr. Dent and himself for contempt of court in declining to receive a patient whom they did not consider insane within the meaning of the statute. The case had been adjudicated, and he submitted the decision of Judge Lawrence. The

Monthly Conferences

decision sustained the superintendent, and settled the point that the superintendent had power to refuse to admit a patient in spite of the order of the court.

The report is herewith appended:

"NEW YORK SUPREME COURT

April 10, 1897.

In the matter of the application for the commitment of Kate McEligot, an alleged insane person.

SPECIAL TERM

PART I

Lawrence, J.—This is an application to punish Dr. E. C. Dent, the medical superintendent, and Dr. A. E. Macdonald, the general superintendent, of the Manhattan State Hospital, for contempt of court for wilfully disobeying an order made by Mr. Justice Pryor, on the 19th day of February, 1897, in and by which it was adjudged "that Kate McEligot is insane and that she be committed to the Manhattan State Hospital, an institution for the custody and treatment of the insane."

It appears from the papers read in support of the motion that a prior order had been made by Mr. Justice Pryor on the 5th of February, 1897, adjudging the said Kate McEligot insane and committing her to the Manhattan State Hospital "for custody and treatment" and that on the 10th day of February, 1897, she had been returned to the superintendent of Bellevue Hospital by the medical superintendent of the Manhattan State Hospital, who, in a communication in relation to the case, stated that with the concurrence of the general superintendent such return was made on account of the said McEligot not being a proper case for treatment in an asylum. Thereupon a further examination of the case was made by two physicians, pursuant to the provisions of the statute, and the second order of February 19th was made by Justice Pryor, for disobeying which this proceeding is instituted, the commitment papers having been returned by the medical superintendent with a statement that he declined to accept the said McEligot inasmuch as she was rejected on February 10th by the medical superintendent and general superintendent as not being a proper case for treatment in an asylum.

This application brings up the question, whether after an examination in the case of an alleged insane person, pursuant to the provisions of Chapter 545 of the Laws of 1896, by a justice of the Supreme Court and an adjudication by him that such person is insane, the superintendent of the State hospital to which the

Monthly Conferences

alleged insane person is directed to be committed may refuse to receive such person on the ground that he is not in the judgment of such superintendent, insane within the meaning of the statute. I am constrained to say, after examining the statute, that the superintendent in my opinion has the power to make such refusal. The provisions of Chapter 545 of the Laws of 1896, which relate to proceedings to determine the question of insanity, are to be found in sections 62 and 63 of that act. It is not disputed in this case that the proceedings before the justice were taken in conformity with section 62 and were regular on their face, but that section at the end thereof provides as follows:

"The superintendent or person in charge of any institution for the care and treatment of the insane may refuse to receive any person upon such order (id. the order of the justice committing the person as insane) if the papers required to be presented shall not comply with the provisions of this section, or if in his judgment such person is not insane within the meaning of this statute, or if received such person may be discharged by the commission."

In this case, in the papers and affidavit submitted in resisting the motion, it is stated by the superintendent, Dr. Macdonald, and by the medical superintendent, Dr. Dent, that in their opinion the said Kate McEligot is not insane within the meaning of the chapter and is not a proper subject for care and treatment in a hospital for the insane, and that she is simply a dotard and not insane in the true sense of the term. The opinion of the superintendent and the medical superintendent is concurred in by several physicians of long experience in relation to the care and treatment of the insane, and the case seems to me to be brought within the exact meaning of the language of the statute, to wit: that in the judgment of the superintendent and medical superintendent, the parties sought to be punished for contempt, the person heretofore committed by this court is not insane. It was within the province of the superintendent of the State hospital, and with the propriety or wisdom of such legislation this court has nothing to do.

It is perhaps proper to observe that sections 63 and 74 of the act in question, relating to appeals from the order of commitment and to the discharge of patients from the custody of the hospital, have no bearing upon the case as prescribed on this application. The case rests, in my opinion, entirely upon the construction to be given to section 62 of the act of 1896, and as that section, as already stated, vests in the superintendent the power, if in his judgment the person committed is not insane, to refuse to receive him in the hospital, it necessarily results that this motion must be denied."

Monthly Conferences

Representatives of several manufacturers were heard by the conference.

The chairman reported that some eight or ten years ago he had occasion to study the food question very closely with regard to establishing the physiological value of certain articles of food, among others, that of cheese, and said: "I have recently made some inquiries in the same direction; therefore it is not a new question to me. At that time I found and reported that half-skimmed milk cheese, which is equivalent to a Cheshire cheese of England, was really more nutritious and contained more energy-making qualities than a full cream cheese. The difference in price is considerable. Hazard & Co., importers of New York, state that there is very little Cheshire cheese imported into this country at the present time, except a few cheeses for the English clubs about Christmas time, and the nearest approach in American cheese is three-quarter skimmed cheese, at about one and one-half cents cheaper than full cream. I do not know how far this cheese is manufactured, but I think the auditor will be able to find out in a few days. I believe that for the large part of the cheese that the State hospitals use, they would find just as good results, and in fact better results, and perhaps as contented a lot of people in using this cheese as they would in using full cream. The hospitals all use fresh cheeses, and they would consequently use them up before they became hard, which is a disadvantage with a skim cheese. I believe this is worthy of some consideration, and suggest that some of the hospitals take advantage of it, and find what they can do in the matter of the purchase of three-quarters skimmed factory cheese."

The question of the quality of stockings manufactured at Utica was discussed.

Dr. Macdonald stated that all samples that he had seen were very objectionable, not only on account of the seam, but on account of the price. They could get as good a stocking for a less price in the open market.

Dr. Blumer replied that he would like to have it generally understood that Utica was not especially anxious to intrude their work upon unwilling purchasers, as they now had sufficient orders for their present capacity.

The chairman stated that it would be necessary to either purchase of the Utica State Hospital or of the prisons, under the present law.

The chairman called the superintendents' attention to an opinion from the Secretary of the Treasury upon the use of alcohol by the hospitals free of duty. It was to the effect that this could be used with a preparation of ether, chloroform and tinctures in any

Monthly Conferences

hospital for pharmaceutical purposes, provided they were sold, or the alcohol was not sold. Under that interpretation bond could be signed with great freedom by any of the superintendents, and the hospitals could get their alcohol free of duty.

He further stated that in the matter of vanilla extracts difference in the alcohol was very great, running from 10 to 25 per cent.; also that a large amount of the extract was adulterated. The Willard State Hospital makes its own from the pure vanilla bean.

The chairman referred to the question of lubricating oils, which was considered at the stewards' conference. The hospitals have been paying various prices and were getting a great variety of brands, on the ground that certain engineers wanted a certain oil, and would not have anything else. Some are very excessive as compared with the oils used exclusively by the Edison Manufacturing Co., of Schenectady, which uses two kinds of oil only. A resolution was adopted at the conference that it was the sense of the stewards that these oils should be used experimentally, and he desired to state that the Commission would revise its estimates this month with a view to the use of these oils. In the manufacturing, the size of the one mentioned, used these oils for every purpose on their machinery, it seemed reasonable that the State hospitals could use them.

The conference considered the question of toilet paper, soap and other articles contained in the estimates.

Dr. Blumer feelingly referred to the melancholy character of the meeting, as it was the last time they should have the pleasure of meeting with Commissioner Reeves, and in order that the superintendents might have a full opportunity to place on record their estimate and high regard in which they held Commissioner Reeves, both as a commissioner and as a friend, he moved that **before adjournment** a committee be appointed to draft suitable resolutions, and that the meeting adjourn until evening for the purposes of adopting them.

Carried unanimously.

The chairman appointed as such committee Drs. Blumer, Howard and Pilgrim.

At the evening conference the following resolutions were adopted:

WHEREAS, This conference meets to-day for the last time with Hon. Henry A. Reeves, who is about to lay aside the burden of his office, full of honor, after eight years of continuous service to the citizen member of the Commission in Lunacy, it is fitting that the superintendents of the State hospitals place on record, for

Monthly Conferences

ever inadequate the expression of what is in their minds and hearts, some estimate of the retiring official as well as of the service he has rendered.

Resolved, That the following minute be and hereby is adopted:

Mr. Reeves entered the service of the State as an original member of the Commission in Lunacy, whose work marked an epoch in the history of the insane by its valiant championship of State care. With a keen sense of the righteousness of his mission, and fully appreciating its almost insuperable difficulties, he went about its fulfillment with a singleness of aim and resoluteness of purpose that made steadily for the final overthrow of the system which State care has happily displaced. How much the achievement has cost in labor, in anxiety, in watchfulness on the part of those who wrought for the cause, we all know. Trace any virtue to its source, it is truly said, and there you will find courage as its parent. Commissioner Reeves has been a brave official, sustained always by the courage of conviction. He has been an untiring worker, taking no heed of time or place, cheerful in that work, and withal selfless to an extraordinary degree; never aggressive, but always firm; never swayed by sentiment, but always just; displaying in all his official dealings a grace of common sense together with a masterful grasp of all the problems that have confronted him during his official tenure. His kindly and courteous manner has endeared him to us all.

It is, therefore, with unfeigned regret that we bid Commissioner Reeves an official farewell. We shall remember gratefully the good work he has accomplished in and for the service, and never forget the many personal acts of kindness which we have each experienced at his hands. In wishing him Godspeed on his retirement, we would fain hope that, while his official tenure is about to end, he will continue in private life to give the hospitals the benefit of his sympathetic support and vouchsafe to ourselves the privilege of an enduring friendship.

Dr. Pilgrim also reported the adoption of the following resolutions upon the retirement of Commissioner Reeves, adopted at a recent meeting of State hospital stewards.

"WHEREAS, We the stewards of State hospitals, in conference assembled, have learned with extreme regret that Commissioner Henry A. Reeves is about to retire from the State Commission in Lunacy, therefore

Resolved, That we record our appreciation of the valuable services rendered to the State by Commissioner Reeves. In the performance of his official duties, which in the State's interest were of an embarrassing nature, he has won the respect and admiration

Monthly Conferences

of the hospital officers whose functions gave them an opportunity to appreciate his work. In his relations with the hospitals has always been considerate and appreciative of the difficulties that were encountered by them in carrying out an important task respecting the interests of more than 20,000 people. In his personal relations with us we will ever bear in mind his cordial and encouraging personality.

Resolved, That a copy of these resolutions be recorded in the minutes of this meeting and be suitably engrossed.

The conference adjourned for the consideration of hospital matters.

MAY CONFERENCE, 1897

Proceedings of the conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 27th of May, 1897, under the provisions of section 37 of the Insanity Law:

Present: Commissioners Brown and Parkhurst; superintendents Macdonald, Manhattan; Dewing, Long Island; Macy, Valhalla; Mabon, St. Lawrence; Howard, Rochester; Wagner, Binghamton; Pilgrim, Hudson River; Blumer, Utica; Hurd, Buffalo; Steward Leonard, Middletown.

Commissioner Brown, chairman.

Dr. Wagner submitted the following report:

In compliance with instructions received from the conference your committee has completed its inquiry into the matter of the use of oil as a substitute for coal as fuel under the hospital steam boilers. As stated at the last conference, the apparatus in use has been furnished by the Consolidated Gas Fuel Co., of New York city. It has been in operation for a period of six weeks and has, I think, been fairly tested. Nine specific tests have been made, and the results are set forth in detail as follows:

The first test was made April 22d.

Oil Test

Time, $4\frac{1}{2}$ hours; oil consumed, 912 pounds; water evaporated, 14,416 pounds, which gives $16\frac{9}{10}\%$ pounds of water evaporated each pound of oil consumed, and $16,107\frac{3}{8}$ heat units for each pound of oil. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, 100 amperes.

The second test was made April 23d.

Coal Test

Time, $4\frac{1}{2}$ hours; coal consumed, 1,386 pounds; water evaporated, 10,882 pounds, which gives $8\frac{2}{10}\%$ pounds of water eva-

Monthly Conferences

rated for each pound of coal consumed, and $8,000\frac{5}{100}$ heat units for each pound of coal. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, 117 amperes.

The third test was made April 26th.

Oil Test

Time, 3 hours; oil consumed, $716\frac{1}{2}$ pounds; water evaporated, 10,600 pounds, which gives $15\frac{8}{100}$ pounds of water evaporated for each pound of oil consumed, and $15,079\frac{47}{100}$ heat units for each pound of oil. Average temperature of feed water, 192 degrees; average steam pressure, 64 pounds; average load on engine, 211 amperes.

The fourth test was made April 28th.

Oil Test

Time, 3 hours and 8 minutes; oil consumed, 602 pounds; water evaporated, 8,904 pounds, which gives $15\frac{4}{100}$ pounds of water evaporated for each pound of oil consumed, and $15,071\frac{7}{100}$ heat units for each pound of oil. Average temperature of feed water, 195 degrees; average steam pressure, 65 pounds; average load on engine, $61\frac{1}{2}$ amperes.

The fifth test was made April 29th.

Oil Test

Time, $9\frac{1}{2}$ hours; oil consumed, $1,642\frac{1}{2}$ pounds; water evaporated, 22,048 pounds, which gives $14\frac{1}{100}$ pounds of water for each pound of oil consumed. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, $48\frac{3}{100}$ h. p.

The sixth test was made April 30th.

Coal Test

Time, $9\frac{1}{2}$ hours; coal consumed, 2,800 pounds; water evaporated, 23,002 pounds, which gives $8\frac{6}{100}$ pounds of water evaporated for each pound of coal consumed. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, $52\frac{5}{100}$ h. p.

The seventh test was made May 12th.

Oil Test

Time, 4 hours; oil consumed, 1,058 pounds; water evaporated, 14,840 pounds, which gives $14\frac{8}{100}$ pounds of water evaporated for each pound of oil consumed. Average temperature of feed water,

Monthly Conferences

190 degrees; average steam pressure, 65 pounds; average load on engine, $77\frac{4}{10}$ h. p.

The eighth test was made May 13th.

Coal Test

Time, 4 hours; coal consumed, 2,532 pounds; water evaporated, 19 080 pounds, which gives $7\frac{4}{100}$ pounds of water evaporated for each pound of coal consumed. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, 100 h. p.

The ninth test was made May 19th.

Oil Test

Time, 5 hours; oil consumed, 1,441 pounds; water evaporated, 20,352 pounds, which gives $14\frac{8}{100}$ pounds of water evaporated for each pound of oil consumed. Average temperature of feed water, 190 degrees; average steam pressure, 65 pounds; average load on engine, $84\frac{5}{100}$ h. p.

Oil consumed for each horse power per hour, $3\frac{4}{100}$ pounds.

This test was made after more fire brick had been added, making another combustion chamber, thereby enabling them to force $81\frac{8}{100}$ horse power from the boiler.

Cost of oil per hour, $89\frac{3}{10}$ cents for $84\frac{5}{100}$ horse power.

The daily consumption of oil has been carefully weighed for a period of twelve days, and we have found that the amount used each day has averaged 3,575.6 pounds, which, at the price charged by the Standard Oil Co., namely, 2.2 cents per gallon ($7\frac{8}{100}$ pounds to the gallon), cost \$11.11, to which should be added 62 cents for hauling, which would make the cost of the oil at the boiler-house \$11.73.

Allowing $3\frac{6}{100}$ pounds of oil to be the equivalent of $5\frac{8}{100}$ pounds of coal (which was demonstrated to be the proportion by tests made April 29th and 30th, when it was found by careful measurements on the engine that these amounts performed the same work), it would take $5,672\frac{3}{100}$ pounds of coal to do an amount of work equal to the work done by 3,575.6 pounds of oil, and this amount of coal at \$1.65 would cost \$4.67, to which should be added 92 cents for hauling, which would make the cost of the coal at the boiler house \$5.59.

On the basis of tests made April 29th and 30th, we find that to evaporate 5,000 pounds of water into steam at 65 pounds gauge pressure with feed water at 212 degrees it would take $353\frac{3}{100}$ pounds of oil which would cost \$1.15.

To evaporate the same quantity of water, namely 5,000 pounds, under the same conditions with coal as fuel, would require $578\frac{3}{100}$

Monthly Conferences

pounds of coal which would cost 57 cents. In both of these calculations the cost of fuel is figured delivered at the boiler house.

These tests have been made during a season when the power required at the electric plant has been comparatively small owing to the length of the days. If now we calculate on the same basis for the winter season when the nights are long and the loads on the dynamos large, we find that to run the electric plant twenty-four hours 9,000 pounds of coal is required, which would cost at the boiler house not to exceed \$9. To do the same work with oil would require 5,753.56 pounds of fuel which would cost at the boiler house \$18.02.

It will therefore be observed that after six weeks of trial and careful observation the cost of oil as fuel for steam-making with the burners and other apparatus made use of in the investigations at the Binghamton State Hospital is practically double the cost of coal, assuming coal to be laid down in the boiler house at \$2 per ton.

The experiments made have been conducted under the immediate supervision of an expert engineer in the employ of the New York Consolidated Fuel Co., who supplied the burners, and it is fair to assume that the results obtained are the best possible with the apparatus the company now has available.

The burners have been used under 75 horse-power boilers. They have required close attention on the part of the engineer, an attention which during the winter season when the dynamos are heavily taxed it would be impossible for one man to give and at the same time to attend properly to the electric machinery. It would, therefore, in my judgment, not be possible to dispense entirely with firemen.

As regards the application of oil to the large battery of boilers, eleven in number, at the general heating plant of the hospital, the problem of storage would be an important one. At this plant in mid-winter we burn as high as 55 tons of coal a day, the equivalent in oil would be 70,321.4 pounds, or about 195 barrels. It would scarcely be wise to keep less than a ten days' supply on hand and, therefore, tanks would be required of a capacity of about 2,000 barrels.

From these facts it can be easily determined that unless a more economical burner can be found than the one used at the Binghamton State Hospital the cost of oil will be too great to admit of use as a substitute for coal so long as coal can be obtained at or near the price now paid in Binghamton.

After writing this report I was requested by the Standard Oil people to meet their representatives in New York city for the

Monthly Conferences

purpose of discussing the results obtained in the use of the hospital.

I met three representatives of that company last evening after going carefully over the data in my report, they agreed that my figures were substantially correct, and that our results in the use of both oil and coal were as good as can be obtained with apparatus available at the present time. They stated they did not think it would be possible to furnish oil as a full competition with coal at the Binghamton State Hospital.

The report was unanimously accepted.

The committee on electric lights reported progress, and continued.

The committee on classification of insanity asked for further time, and it was granted.

Commissioner Brown stated that upon investigation it had been shown that it was entirely feasible to procure alcohol of duty. There was very little difficulty about the matter, if a bond is given, to be used for all hospital purposes, such as medicines and specimens in any hospital where a training school is in operation. The amount of the bond is about \$220, and the worst that could happen if the United States government becomes dissatisfied that the alcohol was used improperly would be that the State would have to pay double the penalty.

Dr. Pilgrim stated that they were very particular in regard to securities, and insisted upon their being persons not connected with the hospital.

The use of lubricating oils of the quality proposed at the conference was discussed, and Dr. Wagner said that he was informed by the manufacturers of this oil that there was no economy in its use as the more expensive oil could be used over and over again by filtering it from time to time. That it was a consensus of opinion that the use of cheap oil was not economical and occasionally resulted in the bearings of the machinery wearing and embarrassing the service.

The use of commercial fertilizers was discussed, and the chairman presented the two following communications.

NEW YORK AGRICULTURAL EXPERIMENT STATION

GENEVA, N. Y., May 18, 1898

STATE COMMISSION IN LUNACY, T. E. MCGARR, *Secretary*, ALBANY, N. Y.:

Dear Sirs.—In your communication of May 14th, you ask my opinion as to the best commercial fertilizers for use on the farms of the State hospitals for the insane. In order for me to

Monthly Conferences

an intelligent opinion, it would be necessary for me to know a good deal about each one of these farms. If the superintendents of these farms are well qualified for their positions they should, after experience, be able to make a wiser selection of fertilizers than it is possible for me to do under the circumstances. I think, however, I can give you some suggestions which will be to your advantage in the purchase of fertilizers for these farms.

In the first place, I am of the opinion that it will not be economical for you to purchase any of the existing brands of mixed goods unless you can make a special contract much lower than prevailing prices. You may or may not understand that the fertilizers now found in the market are made up, as a rule, of a mixture of phosphatic material, potash salts and some form of nitrogenous manure. The most common phosphatic material is acid rock, which is also known as acid phosphate, dissolved rock, plain superphosphate, etc. The potash salts most commonly used are the muriate of potash and the sulphate of potash, the former being the cheaper source for general purposes. A great variety of nitrogenous manures are in the market, such as dried blood, tankage, nitrate of soda and sulphate of ammonia.

My judgment is that you should adopt one of two methods of securing your commercial plant food. I would advise you to either buy these materials unmixed and have them mixed on the farms, which is a simple mechanical process, or else contract with some fertilizer manufacturer who is willing to do this for a certain number of tons of a fertilizer having a certain composition. If I recommend a mixture to you I must do so with the distinct understanding that it is one adapted to average conditions and to general cropping purposes. If you arrange to purchase by either method suggested, a mixture which shall contain in each ton 1,000 pounds of acid rock guaranteed to contain 14 per cent. of available phosphoric acid, 300 pounds muriate of potash guaranteed to contain 50 per cent. actual potash, 500 pounds of dried blood guaranteed to contain 12 or 13 per cent. of nitrogen, and 200 pounds of nitrate of soda guaranteed to contain 15 per cent. of nitrogen, you will have a most excellent fertilizer for average conditions, which will carry from 7 to 8 per cent. of phosphoric acid, 7.5 per cent. of potash and about 4.5 per cent. of nitrogen. You should purchase the rock at some convenient point for at least \$12 a ton, the potash at \$40 a ton, and the nitrogenous manures so that the nitrogen should not cost you more than 14 cents a pound delivered. With proper management, this is by far your most economical method of securing your commercial supply of plant food.

Monthly Conferences

If your inquiry related to the various brands of commercial fertilizers now found in the hands of agents throughout the State, I would say that there are dozens of brands between which there is no practical difference, and in purchasing it is simply a question of getting the best possible terms.

Yours very truly,

W. H. JORDAN,
Director.

CORNELL UNIVERSITY—AGRICULTURAL EXPERIMENT
STATION

ITHACA, N. Y., May 25, 1897.

Mr. T. E. MCGARR, *Secretary, State Commission in Lunacy, Albany, N. Y.:*

Dear Sir.—It is difficult to state what commercial fertilizers would give best results on the farms of the State hospitals without knowing something of the previous condition of the land and what crops you wish to raise, but, as a general thing, the fertilizers to be supplied must contain nitrogen, phosphoric acid and potash.

If you have made abundant use of clover you have, no doubt, supplied the nitrogen in this way, as it is the cheapest way by which nitrogen can be furnished to the land. If you have not used clovers for green manuring, then the nitrogen would best be supplied by the use of nitrate of soda applied as a top dressing to the crops to be grown. The phosphoric acid is obtained cheapest in the form of dissolved South Carolina rock, and potash may be obtained either from kainit or the muriate or sulphate of potash. The muriate of potash is recommended for general use, but for root crops the sulphate is preferable.

Very truly yours,

L. A. CLINTON,
Agriculturist.

The chairman referred to the use in the past of a variety of proprietary medicines and foods, and he suggested that Mr. Bradt make up a list of such articles as were used in the State hospitals. He considered that some agreement ought to be reached in regard to the use of these articles. The Commission did not want to retard the use of necessary things, but if, in the judgment of the superintendents, they are not of great value, they should not be estimated for.

Monthly Conferences

At the request of the conference, Mr. Bradt was requested to prepare a list of those articles which could be manufactured by the hospitals, together with a formula for each, and that a copy of it be sent to each hospital.

Drs. Blumer, Howard and Wagner were appointed a committee to consider and report on the use of proprietary medicines, such as Bovinine, Maltine, Mellen's Food, etc., and as to those which it would be desirable for the hospitals to purchase.

The chairman stated that there had been some discussion recently about regulating the hours of assistant physicians, and it appeared to him that it was a matter which might receive some attention, and he suggested that a committee be appointed to report on vacations for medical officers.

The chairman referred to the desirability of having a history of the State hospitals written by some competent person. He had been informed that the work could be done quite elaborately with a sketch of each hospital, exterior and interior views showing the entire system, at an expense that would not exceed \$100 per hospital, and furnish a large number of copies. There is now no publication which gives a proper history of these institutions, or shows what the State hospital system is, and in view of the public interest on the subject and the ignorance that exists about it, it seemed to him it would be a desirable thing to do.

Dr. Blumer suggested that it would be worse than useless unless it were properly done.

Dr. Macdonald suggested it would be a good thing if it were well done.

After a further discussion, Dr. Blumer was appointed a committee to ascertain if the plan was advisable and to report upon it.

The chairman remarked that on the occasion of his visit to Central Islip his attention had been called to the use of the Queen bread tin. Dr. Smith had reported to him that he had experimented with it, and found that by baking the bread with these tins, the loaf was prevented from spreading, and scarcely any crust was formed, and a uniform texture was produced, which enabled the bread to be cut in very thin slices. He had estimated a saving of about 25 per cent. by baking in that way. Certainly if it was not over 5 per cent., it would be a good thing.

Some of the bread baked in these tins was exhibited to the conference.

The chairman mentioned the poor quality of furniture that had been provided at Poughkeepsie by the prisons, and advised that when unsatisfactory goods were received, they should be returned.

Monthly Conferences

The agent of the prisons had told Dr. Pilgrim that the matter would be corrected.

Dr. Mabon stated that it was quite impossible to get certified lists from the Civil Service Commission.

The chairman suggested that when the rolls were complete it would be perfectly feasible for the superintendents to appoint a committee to examine candidates for fitness. He also suggested that the Governor be interviewed in regard to the matter, as he was particularly interested in the new law, and ascertain whether he would consider it objectionable to have a committee examine all of the competitive lists for fitness, upon which examination they might be certified, and it would save a great deal of trouble and annoyance.

Commissioner Brown requested that the hospitals would present the office of the Commission with pictures of their several institutions.

Dr. Blumer suggested that those institutions not having photographers might find it an advantage to have the Utica photographer go around and take the pictures and finish them in uniform style, as they had excellent facilities for doing so.

On motion the photographer at Utica was authorized to take the photographs.

Dr. Blumer inquired what would be the policy of the State hospitals with reference to the re-examination of patients for certificates of insanity when so ordered by the Commission, and whether it was a proper charge for the counties to bear.

The chairman stated that if the fault was through the court committing the patient, it should bear the expense.

Dr. Blumer also inquired whether traveling expenses in the case of patients who are brought by attendants and are found not to be insane within the meaning of the statute should not also be borne by the counties.

The chairman thought that when a judge approved a certificate that should be a sufficient justification to a county on the fact of it for sending the patient. If the patient had been improperly committed, the county might say that the judge had ordered the commitment.

Dr. Pilgrim stated that they had made these collections successfully a number of times.

Dr. Blumer suggested that it would be advisable to appoint some member of the conference a committee to inquire into the matter of canning, and as to whether or not it would be profitable for the State to can vegetables and fruit at some central place.

The chairman stated that it would. It seemed to him a good

Monthly Conferences

deal of the land which was being cultivated might be given up to the cultivation of vegetables as well as to the cultivation of grain, which could be bought in the open market, and in which there was no special advantage in raising.

On motion, Drs. Macy, Allen and Hurd were appointed a committee to consider the matter.

Dr. Blumer recommended that a soap making industry be established at one of the State hospitals. He understood that the steward of the Rochester State Hospital had considered the question with Commissioner Wise, and had expressed his readiness to undertake such an experiment.

Dr. Howard said he would be very glad to make the soap for the State hospitals, including toilet soap.

On motion, Dr. Howard was appointed a committee to investigate and report upon it.

Dr. Howard said he was prepared to make a preliminary report on the soap question, and he stated that it was perfectly practicable and advisable to redeem the grease from soap, after it has passed through the laundry. If that plan should be adopted, it might not be necessary to make additional purchases of soap from month to month. With a few drops of sulphuric acid the soap can be used.

Commissioner Brown stated that assistant physicians traveling to and from the Pathological Institute on official work would be entitled to their traveling expenses.

A number of manufacturers' agents were presented to the conference, and were heard.

The conference adjourned for the consideration of hospital estimates.

JUNE CONFERENCE, 1897

Proceedings of conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 29th of June, 1897, under the provisions of section 37 of the Insanity Law.

Present, Commissioners Wise, Brown and Parkhurst.

Superintendents. Blumer, Utica; Macy, Willard; Pilgrim, Hudson River; Talcott, Middletown; Hurd, Buffalo; Wagner, Binghamton; Mabon, St. Lawrence; Howard, Rochester; Dewing, Long Island; Macdonald, Manhattan, and Dent, medical superintendent female department, Manhattan.

The President of the Commission, chairman ex officio.

Dr. Mabon submitted the following report for the committee on electric lights:

Your committee on electric lamps would respectfully report that a circular letter was sent out to the different manufacturers

Monthly Conferences

of incandescent lamps throughout the United States asking for proposals, and that replies have been received from ten. The following conditions were imposed:

"1. The lamps to be shipped from time to time and to be billed only as shipped.

2. They are to be billed at the net price stated in the proposal and there shall be no charge for packing or package; the hospitals, however, are to take lamps in standard packages.

3. Should the contractor increase the price of lamps during the continuation of the order, the price shall not be increased, but the hospitals are to have the benefit of any reduction in price which may be made to similar customers.

4. The lamps shall not vary more than one per cent. in voltage and four per cent. in candle power and efficiency from the rated voltage, candle power and efficiency, and the State has the right to test all or any portion of any shipment of lamps made, and should a greater variation exist, the contractor must agree to replace the same free of cost."

In looking over the proposals one is struck with the fact that there is apparently a combination among the lamp manufacturers of this country, as all but three of the ten who sent in propositions name practically the same prices for the different lamps; as, for instance, in the 16 c. p. lamps, where the price is 17c., and no rebate is allowed for burned out lamps, as was the case last year.

The Perkins, General Electric, Columbia, Sawyer-Mann, and Bryan Marsh companies each charge 17c for lamps from 10 to 24 c. p., with the exception of the Perkins, which charges 19c. for 24 c. p. lamps. All these firms charge 26c. for 32 c. p. lamps, with the exception of the Packard, which charges 25½c.; for 50 c. p. lamps, 43c. is the uniform charge, with the exception of the Packard, which charges 42½c. They all charge 85c. for 100 c. p., and \$1.30 for 150 c. p., with the exception of the Packard, which charges \$1.275. For the street series lamps these same firms charge, for 20 to 25 c. p., 50c.; for 40 c. p., 18c.; for 50 c. p., 68c. with the exception of the Bryan Marsh Co., which charges 50c. for 32 c. p., and the Sawyer-Mann, which charges 74c. for 50 c. p., and the Packard, which charges 50c. for 50 c. p.

The three following companies quote lower prices:

The International Lamp Co. of St. Louis, Mo., quotes 10 to 24 c. p. at 15c.; 32 c. p. at 25c., and does not make a higher candle power, and neither do they make any street series lamps. Their prices, however, are f. o. b. St. Louis.

The Warren Electrical Co., of Warren, Ohio, charges for 10 to 20 c. p., 15c.; 24 c. p. 18c.; 32 c. p., 25c.; 50 c. p., 40c.; 100 c. p.,

Monthly Conferences

150 c. p., \$1.50. Their prices for street series are as follows: 25 c. p., 65c.; 50 c. p., 85c. This company allows a rebate of one-half cent per burned-out lamp of their own make.

The Beacon Lamp Co., of New Brunswick, N. J., quotes for 10 c. p., 15½c.; 32 c. p., 25c.; 50 c. p., 40c.; 150 c. p., \$1.30. They do not mention 100 c. p., nor do they quote on street series. They allow one-quarter cent for burned-out Beacon lamps where the filament is intact.

The various companies quote these prices, as a rule, on the Edison and Westinghouse bases, and for other bases there is a charge of from one-half to three cents extra.

With the exception of three companies, whose charges are somewhat lower, there is a charge of 20 per cent. extra on frosted or artificially colored lamps, and 10 cents extra for natural colored lamps in green, blue, amber and purple, and 20 cents for natural colored lamps in ruby, opal and canary.

Our committee instructed Mr. Frost, electrical engineer for the hospitals, to send out a circular stating that each company should be required to send at least six 16 c. p., 3.5 watt 112 v., Edison base lamps to be tested. The test was made at the Long Island State Hospital, under Mr. Frost's direction, and his report follows:

June 29, 1897.

MABON, DR. HURD, *Committee on Incandescent Lamps:*

Gentlemen.—Eleven sets of incandescent lamps were sent to me for tests and they have all been carefully tested. The lamps have all burned 100 hours, and readings taken of candle power, voltage, current consumption and efficiency.

There was not time enough, however, to obtain a life test. This was hardly necessary, as the results in most cases were so decided even if the samples had long life, they would not be desirable for hospital use.

You will find, following, each make of lamp taken up and discussed separately:

Davey

The following are the results of 100 hours' test:

Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
.....	112	.47	16	3.29	112	.47	18.8	2.8
.....	112	.53	16	3.71	112	.55	17.3	3.56
.....	112	.515	17.3	3.334	112	.55	17.3	3.56
.....	112	.47	17.3	3.044	112	.47	16	3.29
.....	112	.505	19.5	2.90	112	.52	17.3	3.36
.....	112	.5	20.3	2.75	112	.52	16	3.64

Monthly Conferences

This lamp has a very long and unstable filament, which easily bends and touches the glass, thus burning out the lamp. There is no uniformity in the results of the test, either in candle power, efficiency or current consumption. This lamp would not give satisfaction.

Sunbeam

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.	Broken.							
2.	113	.49	18.8	2.94	113	.46	13.6	3.82
3.	111	.505	20.3	2.76	112	.48	17.3	3.10
4.	111	.49	17.3	3.14	111	.47	14.8	3.52
5.	112	.505	16	3.53	112	.48	16	3.36
6.	112	.48	17.3	3.13	113	.47	16	3.3

This lamp is mechanically weak, having a loose centre cap. All of the lamps immediately dropped in candle power, and some of them in spite of an increase in voltage. This lamp would not be satisfactory.

Sawyer-Mann

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.	112	.46	17.3	2.97	112	.48	20.3	2.64
2.	112	.49	17.3	3.17	112	.47	18.8	2.8
3.	112	.5	18.8	2.97	112	.48	16	3.43
4.	112	.5	18.8	2.97	112	.48	18.8	2.85
5.	112	.5	22	2.54	112	.48	16	3.36
6.	112	.5	23.9	2.34	112	.49	18.8	2.91

This lamp has a stable, anchored, coiled filament. There is a total lack of uniformity among the six samples as to candle power efficiency, current, consumption and life curve. There is a difference of 6.6 c. p. in the initial readings. This lamp would not give satisfaction.

Beacon

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.	112	.535	18.8	3.18	112	.53	20.3	2.92
2.	112	.555	16.6	3.74	111	.55	18.8	3.24
3.	112	.535	16	3.74	111	.53	20.3	2.89
4.	112	.535	17.3	3.46	112	.53	13.6	4.36
5.	112	.515	17.3	3.33	112	.52	16	3.64
6.	Broken.							

Monthly Conferences

This lamp is very unstable in candle power, and there is no uniformity in life curve. This lamp would not be satisfactory.

Columbia

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	112	.49	18.8	2.91	112	.49	16	3.43
2.....	112	.48	20.3	2.64	112	.48	18.8	2.86
3.....	113	.48	16	3.39	112	.5	20.3	2.75
4.....	112	.49	18.8	2.94	112	.48	17.3	3.17
5.....	112	.46	18.8	2.75	112	.48	16	3.36
6.....	112	.48	22	2.44	112	.46	14.8	3.48

With the exception of lamp No. 3, the samples show a uniform life curve. There is considerable difference in candle power, but current consumption is fairly constant. The efficiency is rather too high for hospital work.

General Electric Co.

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	112	.52	20.3	2.86	112	.54	18.8	3.21
2.....	112	.515	18.8	3.06	112	.53	16	3.67
3.....	113	.5	19.5	2.89	112	.52	18.8	3.09
4.....	112	.51	22	2.59	112	.52	18.8	3.15
5.....	111	.51	15.5	3.65	112	.53	18.8	3.09
6.....	112	.505	16	3.53	112	.52	18.8	3.09

This lamp has a good coiled, anchored filament. The samples were exceptionally good. After 100 hours' run there was practically little difference in candle power, efficiency and current consumption. The test for angular candle power was also good.

Buckeye

The following are the results of 100 hours' test:

No. Lamp.	0 Hours.				100 Hours.			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	113	.5	18.8	3	112	.52	18.8	3.09
2.....	112	.5	16	3.5	112	.53	20.3	2.92
3.....	112	.48	18.8	2.85	112	.48	18.8	2.85
4.....	112	.5	18.8	2.97	112	.51	20.3	2.81
5.....	112	.52	18.8	3.09	112	.53	22	2.69
6.....	112	.51	18.8	3.03	112	.51	20.3	2.81

Monthly Conferences

The lamps at 0 hours were very uniform in candle power, at 100 hours the uniformity was gone. With the exception lamp No. 3 the current consumption was quite uniform.

Packard

The following are the results of 100 hours' test:

No. Lamp.	0 Hours				100 Hours			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	112	.535	16	3.74	112	.35	22	3.74
2.....	112	.52	17.3	3.36	112	.54	23.9	3.36
3.....	112	.51	17.3	3.3	112	.53	23.9	3.3
4.....	112	.5	18.8	3	112	.51	17.3	3
5.....	112	.51	17.3	3.3	112	.53	23.9	3.3
6.....	113	.525	18.8	3.12	112	.54	23.9	3.12

With the exception of lamp No. 4 there is a uniformity in current consumption, efficiency and candle power. The average candle power is not up to the average. It is not good practice to have a 16 c. p. lamp run up to such a high candle power. This lamp would not be satisfactory.

Warren

The following are the results of 100 hours' test:

No. Lamp.	0 Hours				100 Hours			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	112	.455	18.8	2.71	112	.48	18.8	2.71
2.....	112	.45	16	3.15	112	.47	18.8	3.15
3.....	112	.455	17.3	2.94	112	.48	20.3	2.94
4.....	112	.44	17.3	2.84	112	.46	20.3	2.84
5.....	112	.45	17.3	2.91	112	.47	20.3	2.91
6.....	112	.46	18.8	2.74	112	.48	22	2.74

There is a great uniformity in current consumption, life and efficiency. The efficiency is, however, altogether too high for hospital use, and the lamps can not have a long life. The lamp is not satisfactory.

Perkins

The following are the results of 100 hours' test:

No. Lamp.	0 Hours				100 Hours			
	Volts.	Amperes.	C. P.	Watts.	Volts.	Amperes.	C. P.	Watts.
1.....	112	.46	18.8	2.74	112	.5	18.8	2.74
2.....	112	.48	18	2.98	112	.5	18.8	2.98
3.....	112	.48	16	3.36	112	.5	17.3	3.36
4.....	112	.48	16	3.36	112	.51	18.8	3.36
5.....	112	.48	16	3.36	112	.51	18.8	3.36
6.....	112	.48	16	3.36	113	.51	16	3.36

Monthly Conferences

There is considerable rise in current consumption after 100 hours' run. The candle power and life curve are quite uniform. It is evident the lamps were carefully selected, and therefore the results are not altogether reliable.

Imperial

The following are the results of 100 hours' test:

No. Lamp.	0 Hours				100 Hours			
	Volts.	Amperes	C. P.	Watts.	Volts.	Amperes	C. P.	Watts.
1	111	.515	16	3.57	111	.52	20.3	2.84
2	113	.56	15.5	4.08	111	.51	18.8	3.01
3	111	.5	17.3	3.20	111	.52	23.9	2.41
4	112	.51	18.8	3.03	112	.51	17.3	3.30
5	112	.51	17.3	3.30	112	.52	17.3	3.36
6	112	.52	18	3.23	111	.53	18.8	3.12

These lamps are fairly uniform in current, consumption and life curve.

In general the results obtained show that the tests of the five following make of lamps were good:

1. General Electric Company.
2. Buckeye.
3. Perkins.
4. Imperial.
5. Columbia.

It is evident, by referring to data, that the results obtained by the first three makes named above are much more uniform than the results obtained from the Imperial and Columbia.

You will notice the extreme uniformity of initial candle power and current consumption in the Buckeye and Perkins. This uniformity was undoubtedly obtained by carefully selecting the lamps, and, therefore, the results are not altogether reliable. This is proven by the fact that the Buckeye and Perkins lamps are not as uniform after 100 hours' burning.

The General Electric Company's lamps were not absolutely uniform at initial burning, but after 100 hours' run, the uniformity was quite marked.

The General Electric Company's lamps were, therefore, the most uniform lamps tested, and as this uniformity was obtained after 100 hours' burning, the lamps could not have been selected.

I am of the opinion that the samples submitted by the General Electric Company are better for hospital use than the samples of any of the makes tested.

Respectfully submitted,

F. L. FROST,

Electrical Engineer.

Monthly Conferences

Your committee would, therefore, in view of Mr. Frost's report, recommend that the proposition of the General Electric Company be accepted, and a contract made with them.

The report of the committee was accepted and adopted.

Dr. Blumer submitted the following report of the committee on revision of the schedule with reference to vacations and leaves of absence.

Your committee charged with the duty of suggesting amendments to the third edition of the schedule of employees' wages, in so far as it relates to vacations and absence from duty, begs leave to report as follows:

It seems to your committee that the State, while treating its employees generously, should deal with them not otherwise than the generous employer of labor elsewhere. While the vacation may justly include in its purview the idea of reward for faithful service, its main purpose should be the selfish one of maintaining and promoting the health, and therefore the efficiency of the employees. Looked at from this latter point of view, the present schedule seems to err on the side of liberality and to be warranted by neither the necessities of the individual nor those of the service. Indeed, it is not too much to assert that the service has suffered materially by the frequent absences from duty which the existing regulations permit and encourage, while there has been no commensurate gain in individual fidelity or efficiency.

Your committee would therefore respectfully recommend the substitution of the following regulations for those covered by lines 36-53.

1. Employees engaged in the immediate care of patients whose service is substantially continuous.
2. Employees whose work is non-clerical, whose hours of labor are well-defined, and who are not on duty evenings and Sundays.
3. Employees whose duties are essentially clerical.
4. All other employees.

The first class shall be entitled to an annual vacation of fourteen days, to one day in each month after the morning's work is performed, or its equivalent, and to each third Sunday, with full pay during such absence; except that in the case of night nurses and attendants leave of absence each third Sunday shall not be granted.

The second class shall not be entitled to a vacation. If the employees of this class are called upon to perform duties during unusual hours or upon Sunday, they may be allowed the equivalent of such time from their regular hours.

The third class shall be entitled to two weeks' annual vacation.

The fourth class shall be entitled to one week's annual vacation.

Monthly Conferences

All vacations shall be taken subject to the approval and convenience of the medical superintendent. No employee who has been in the service of the hospital less than twelve months shall be entitled to a vacation.

Employees who are incapacitated for duty by sickness shall not be entitled to compensation for the time thus lost.

Dr. Macdonald moved that the report be accepted, and that action thereon be postponed until the next conference. Carried.

The chairman stated that it would necessitate a change in the schedule of wages which must be approved by the Governor before it could become operative. If it is adopted by the conference, the revision would be recommended by the Commission.

Dr. Macdonald explained that he made his motion for the reason that a number of their employees would not come under the classes reported.

Dr. Howard, from the committee to consolidate reports of previous conferences for printing, gave a list of those worthy of preservation, and the report was accepted and adopted.

Dr. Howard submitted a revision of the regulations for laundries, which was accepted and adopted and ordered printed for the use of the hospitals.

Dr. Pilgrim reported that after six weeks effort he had just received an order from the secretary of the treasury, permitting him to withdraw a barrel of alcohol for the hospital. He said the process was tedious, but when it was once obtained further purchases could be made upon the same proceeding. He had found it necessary to send a copy of the laws organizing the hospital and of that section of the statute showing that a training school was maintained, and all other information respecting the hospital that would show its educational character.

Dr. Blumer reported that he had been unable thus far to prepare a report upon the hours for assistant physicians.

The chairman stated that he had always considered that was a matter which should be largely left to the discretion of the individual superintendent, because there were at times exceptional instances where a resident officer should have more vacation than the standard usually allowed. He did not know how the superintendents felt about it, but it was left out originally at his suggestion. If it is fixed, it may sometimes be an embarrassing rule.

On motion, the committee was discharged from consideration of the subject.

Dr. Mabon, from the committee on training schools, reported as follows:

Your committee to examine members of the junior and senior classes desire to report that it has examined 136 members of the

Monthly Conferences

senior class, of whom 106 passed and 30 failed. The examination was held the latter part of May and only those in each school were eligible who had passed the oral and practical examination conducted by their instructors. By this means it was possible to ascertain who were proficient in the practical side of nursing. The written examination for the juniors was held during the early part of June and 296 candidates were examined, of whom 255 passed and 41 failed. The same provisions about the oral and practical examination in each local school prevailed as in the senior examination.

All the questions of the written examinations were uniform. At the same time the examinations were held upon the same day. At the Manhattan and Buffalo State Hospitals certain candidates, owing to sickness or other unforeseen circumstances, could not be present at the time the junior examination was held and a new set of questions was used for them. Likewise at the Manhattan State Hospital the committee had to pass upon the eligibility of former graduates of training schools who had not taken the State examination, and these were also given new questions. The committee believe that a uniform certificate should be signed by each superintendent for all candidates recommended for examination. Should this plan be adopted it might stimulate the instructors to pay even greater attention to practical and clinical instruction than formerly. We would therefore submit the following certificates:

STATE OF NEW YORK,
..... STATE HOSPITAL

I hereby certify that the following attendants in the State hospital, having passed the State examination for juniors and attended a two years' course of lectures and recitation in the training school established and conducted in accordance with the provisions of article 7, section 35, of the Insanity Law, have completed the prescribed practical work in a satisfactory manner, including personal instruction and experience in a sick ward for a period of at least three months, are hereby recommended by your committee for examination.

Superintendent

STATE OF NEW YORK,
..... STATE HOSPITAL

I hereby certify that the following attendants in the State hospital, having attended the first year's course of lectures and recitations in the training school established and conducted

Monthly Conferences

accordance with the provisions of article 7, section 35, of the Lunacy Law, and having completed the prescribed practical work in a satisfactory manner, are recommended to your committee for examination.

Superintendent.

A list of the successful candidates was sent to each superintendent and also to the State Commission in Lunacy.

The report was accepted and adopted.

Mr. Howard presented the report of the committee on soap, and the report of the stewards.

Mr. Wagner said that before this report was adopted, and the conference was committed to the scheme of manufacturing soap, he would like to ask that the whole question be laid upon the table for another month, and a copy of the report be sent to each superintendent. He felt pretty strongly upon the question of soap, as he had been through the experience. For years at the Manhattan State Hospital soap had been manufactured until within a few years since, and he knew that it had never been of quality that should be used. Since purchasing from soap manufacturers, the soap had been better, and the work in the laundry had been more satisfactory. It occurred to him also that there was more to be ascertained in regard to the cost. Soap manufacturers buy the materials in very large quantities, and get minimum prices. They also employ skilled labor, and the best experts that can be had are in the employ of these manufacturers. The cost is represented as being much less than the cost would justify. Every month there are a number of agents, who come to us begging us to try the soap that they manufacture, and there was anything like the margin of profit in the manufacture of soap the stewards report, it would lead us to understand that competition had no effect. It seemed to him that no harm could come from a further and more careful consideration of the matter before the conference is committed to it, and he was decidedly of the opinion that the stewards did not know more about the soap question than the superintendents.

Mr. Macdonald asked if the committee had made any estimate of the cost of transportation, as it was a very considerable part of the cost in the Manhattan State Hospital.

Mr. Howard stated that the usual cost to the seller dealing in soap is the expense of making sales. They keep men on the streets, and advertise in every conceivable way, and competition is so great that they have to put considerable money into that part of the business. A soap factory of this kind located at any of the institutions would soon furnish the other institutions with an

Monthly Conferences

excellent grade of soap. Just as Utica does first class work in its printing department, so the soap factory should do only first class work.

Dr. Blumer said that, while he had no objection to having the matter deferred, it seemed to him a self-evident proposition that the State hospitals could make just as good soap as could be made outside, and that it could be made infinitely cheaper. He knew from his experience that there was an enormous saving in making soft soap, and they had had a much better article since manufacturing their own. The argument of Dr. Wagner that because Binghamton failed to make a good soap, therefore Rochester would do so, did not appear to him entitled to consideration, because under the new scheme a skilled soapmaker would be employed, and be paid a liberal salary.

The chairman stated that at St. Lawrence the head laundry man made the soap, and although he could make a soft soap which is absolutely nothing but the mixing of water with certain elements by the aid of steam, yet when he came to the manufacture of hard soap, it required too much of his time, and it had to be relinquished. He made a very good soap, both hard and soft. If the soap is manufactured at one central plant, there was no reason why they should not become expert in its manufacture. It was notorious that many wealthy men had derived their fortunes from the manufacture of soap, and this seems peculiar if there is no profit in soapmaking. He was informed by a man who understood the inside facts of soapmaking that 25 per cent. of the receipts had to be expended in advertising.

Action upon the report was deferred.

Dr. Blumer read the following letter from Ex-Commissioner Reeves, and it was ordered that it should be printed and distributed:

GREENPORT, L. I., N. Y., June 21, 1897.

Dr. G. ALDER BLUMER, *Superintendent Utica State Hospital*:

My Dear Sir.—During my absence from home last week the elegant and conclusive evidence of regard felt toward myself by the superintendents of State hospitals of New York, in both an official and a personal sense, as manifested in the very beautiful specimen of chirographic art which was prepared under your supervision, was received. On my return I was kept occupied to a degree that prevented any acknowledgment until now.

For this demonstration of good will on the part of yourself and your associate superintendents it is not easy, indeed it is not possible, to express my gratitude in suitable terms, which should utter the feeling that fills my breast and yet avoid the appearance

Monthly Conferences

of effusiveness and theatrical overstrain. The gift in itself is so choicely conveyed, the outward embodiment is so artistically attractive, that one who looks upon it may well lose in admiration of its exterior the full sense of its inward significance; but to myself the external perfection of the penman's strokes, while delighting the eye, only opens through it access to the mind for that conviction of what the donors intended and of what lies back of their purpose, which constitutes its real value. Such a proof that during the years of our official intercourse I should have so borne myself as to win and to retain the confidence and esteem of such a body of gentlemen as the superintendents of the State hospitals of our State, evinced in the collective act of adopting the words which the artist's pen has illuminated, and in the individual act of affixing autographic signatures to the written page, brings with it an inexpressible satisfaction.

It is cheering to know that I have been thought worthy of such a tribute; it is exhilarating to read such earnest and graceful terms of appreciation; it is profoundly gratifying to believe that they are as sincere and genuine in spirit as they are felicitous and eloquent in form. They come, moreover, from men who, by reason of intimate familiarity with the actual administration of the State hospital system, some of them long before, and all of them since the State Commission was constituted, eight years ago, are qualified to put a just estimate on the worth of such humble service as it has fallen to my lot to render toward helping to establish that administration on a durable basis. From no other source could so welcome and so valuable a token of appreciative kindness reach me. With these gentlemen I have been closely associated in the State's service on a field of labor which brought us constantly together during these years; and whatever our official relations may have been, whether bright with the sunshine of peace or at times obscured by passing shadows of temporary estrangement, I have had and now have an honorable pride in believing that through all these vicissitudes our mutual feelings of personal regard suffered no abatement.

Such a sentiment, when one may feel that he has a right to entertain it, casts its own soothing and elevating light over all the retrospect of the past; it will always make glad my memory of membership in the State Commission throughout its early and formative period, when the stress and struggle was sorest in the memorable effort it made, with the cordial co-operation and support of the hospital superintendents and managers, to establish the beneficent policy of State Care, and to put the lunacy affairs of this great commonwealth of ours on a new and a better and

Monthly Conferences

more stable footing than had theretofore obtained in all its history.

The use of that last word impels me to remind you that while history may be trusted to take ample care of its own, and to assign his rightful place to each actor on its public stage, yet all history is a distant shrine, so far off as to seem almost inaccessible, and neither its favor nor its frown need very much disturb any steadfast soul who has relied for his sufficient solace on his consciousness of right motive and honest endeavor. And I may be permitted to add that, exalted as this source of comfort may be, it is cold and meagre indeed as compared with the glow of living warmth which comes upon me when, now that I am emerging from the distractions of active participation in State affairs and can look back with a steady pulse, I can venture to think that in all our intercourse, of whatever nature, there is nothing with which I need reproach myself in so far as the intent and the desire to do the full measure of duty as light was given me. To see it is concerned, however poor and imperfect the performance.

Accept for yourself and for each one of your associates the expression of my heartfelt wish for the fullest measure of health, happiness, prosperity and continued usefulness in a noble vocation, which heart can hope for or experience realize.

Faithfully yours,

HENRY A. REEVES

The conference received and heard several representatives of manufacturers.

Dr. Wagner related the instance of a member of the training school who had passed the examination and appeared to be entitled to a diploma, but before the diplomas were issued he had conducted himself in such a disgraceful manner that he had to be discharged. The question now arose whether this man should receive a diploma.

It was the unanimous opinion of the conference that a diploma should be withheld.

Dr. Hurd related another instance where an attendant had employed a lawyer and attempted to get the diploma, but the managers refused to sign it, and his effort was relinquished.

Dr. Blumer read a communication from the State Electrician recommending that the hospitals adopt some uniform material for use in the hospitals, and then purchase upon a common basis. The suggestion was considered by the conference a good one, and it was determined to carry it into execution.

Monthly Conference

Commissioner Brown stated that the Commission had had it in mind for some time to send out a statement to the effect that all patients upon their entrance to the hospital should deposit the moneys or valuables they might have in their possession with the steward, and it should be entered upon the books as any other cash receipt. It should not be kept in outside books or memoranda. When a patient leaves the hospital, the money could be paid out as other moneys are paid, and a separate account opened with each patient. There has been considerable trouble in the past over disputes over patients' money. In one hospital which he inspected during the past year he examined the steward's books and found that different accounts were kept in private memoranda, and in one instance there was an item of over \$200, where the money had been received and the patient had been discharged, and he had found it difficult to find the receipt for this money which had been turned over when the patient had been transferred to another institution. The only business method is to have these moneys entered upon the books like any other receipts and paid out precisely in the same way. An estimate could be made just as they are made now for moneys to be returned to private patients where the patient's stay is less than the amount of time the sum deposited would call for.

There is another practice that should be absolutely discontinued, and that is purchases by stewards of outside articles for patients. One instance he had in mind where a steward spent a considerable portion of his time every day running about buying odds and ends for patients. He did not believe the State had any justification for that sort of thing. If friends desired extras for patients, they should make arrangements with local dealers to have them delivered, and he did not think that money should be deposited or the steward's time occupied in buying these trifles, as it is not a part of his work in any sense. Friends can make arrangements with dealers in town regarding the sending of fruit, candy or other things, in the discretion of the superintendent, at regular intervals.

The chairman presumed the superintendents had received notice from the Commission requesting them to send blank forms with their comments to Dr. Mosher, who had been appointed to make a report upon a uniform system of blanks. It appeared to the Commission that the provision of the statute requiring them to establish uniform blanks had not been met, and that the work devolved upon the committee of superintendents was too great and varied for them to perform in addition to their other duties. Therefore they had adopted the present method.

Monthly Conferences

The chairman also brought up his experience during his recent visit through the State hospitals in attendance upon the meals served to patients. He had noticed a very marked difference in the dining-room service at the different hospitals, and a decided difference in the food supplies issued to patients. He had a report from the committee on dietary, with the conclusion reached by that committee, that the Flint dietary as now published was sufficient, leaving the application of it to the individual superintendents. As a matter of fact, that application admits of such a varied dietary that it has no real practical importance. If we regard the Flint figures as maximum figures, and if they are to be used as a whole in any way the superintendents desire to use them, it will permit of a very marked variation in practice. For instance, without naming institutions, at one hospital he found that patients had meat once a day, no meat for breakfast, and if they had meat at supper it was usually cold. They have a meat dinner. At another hospital meat is given to patients invariably three times a day. He could see no objection to the adoption of some dietary which would make the hospitals more nearly uniform in their practice than they are now. He also noticed that at some hospitals the amount of food supplied was very large, and far in excess of what the patients eat. There were some gourmands, of course, among the insane who eat as much as they can get, and will eat more than is really good for them. He thought it was a medical duty to regulate the supply of food for insane persons as much as it is to regulate their conduct and life in other respects. He thought that the fault lay chiefly in an inadequate dining-room service, and that the dining-room attendant, to avoid trouble and save a second serving, puts all the food upon the plate of the patient that he is likely to need, or to call for, and that no distinction was made between one patient and another. They all get absolutely the same. On several instances he saw food heaped upon the plate to the extent of its capacity to hold it, and it remained at the close of the meal only partly eaten. The consequence is that this food goes into the garbage pail, and is almost a total loss. If a dining-room service was inaugurated which permitted of a second service to those patients who wanted it and should have it, and not to serve excessively the first time, he thought it would remedy the fault to a great extent. In one hospital particularly he was much pleased with the table service. They had a party of patients that were dressed in white, who were the table servers, and they were trained to do it, and he thought this plan should be generally adopted. If the dining-room attendants were assisted in the serving of food by some of the more intelligent patients, and the

Monthly Conferences

to serve them as they would be served at an ordinary table, it would be a great improvement and saving of food. It comes within the jurisdiction of the Commission to present its recommendations relative to dietaries, and he would ask that the actual dietaries for the different hospitals be sent to him for that purpose. Mr. Pilgrim inquired what position the Commission would take in regard to the provisions of chapter 640 of the Laws of 1891, which permitted the married assistants to live outside the hospital. He had already received application from one assistant, and thought it quite likely he should have others, to be permitted to marry and live outside the hospital, and he had been unable thus far to reply.

The chairman stated that the Commission had not yet considered this matter, and had taken no action with regard to it. It was a proper question for discussion, and he was free to say from his own account that his experience in the State hospital service led him to be unalterably opposed to anything of the kind. He was old-fashioned enough to believe that the proper place for the servants of the State who have the care of the hospital is in the hospital, and if an exception was made in the case of superintendents, it should not apply to the remainder of the attendant staff. He wished it understood that this was his own opinion, and did not commit his associates.

Mr. Pilgrim inquired if this was a question which the superintendents would be permitted to settle.

Commissioner Brown said that the statutes now permitted that they could live outside, in the discretion of the Commission. He thought that the commutation would also be in the discretion of the Commission.

Mr. Blumer remarked that he thought Commissioner Brown was in a position to know what the intent of the legislature was. The chairman stated that his opinion was that the law should be read "with the approval of the Commission," and he had not at the time that he believed the Commission should at least have the approval of any such movement. The statute as it now stands would permit it, and he did not think that, if the matter were strongly recommended by superintendents, the Commission would oppose it, but it might result in opposition when the matter of commutation came up, because he thought very few assistants would be willing to go outside with any commutation which the Commission would probably allow.

Commissioner Brown stated that he differed with the chairman, although he knew his judgment was based on experience; but the law is practically prohibitive so far as permitting the

Monthly Conferences

wives of assistant physicians to live at the hospital. The statute requires that the physicians shall be resident officers and live on the premises, and that had been the law for a great many years. Now the statute provides that only first assistant physicians and stewards should be allowed to maintain families on the premises, so that if an assistant physician desires to marry, he must live on the hospital premises and his wife must live outside. No man cares to marry under these circumstances, and as long as a physician stays in the service he is practically prohibited from marriage, unless he receives promotion to first assistant physician. He believed that an experiment would justify his belief that the State would get better service on the part of its assistants if they were allowed to live outside and required to be on duty a certain definite number of hours a day. Every assistant physician naturally assumes that he is on duty all the time, all day, during the evening and all night, subject to call. He loses whatever benefit a man derives from intercourse with the outside world, and feels that he is at liberty to have leaves of absence during the day to go off on his horse or with a yachting party. He believed there was no more reason why an assistant physician should be expected to absent himself during the day than there was why people in the office of the Commission should be expected to give themselves time off at any time it suits their convenience. If there were fixed hours of service, the State would get better service. The expectations of members of the medical staff were not very great. Very few of them can hope to become superintendents, and very few first assistants. He did not advocate wholesale change, but he believed it would be worth while to try the experiment, as the superintendent had his remedy in case the assistant abused his privilege.

Dr. Blumer was inclined to agree with Commissioner Brown and would like to try the experiment, as he had a case in mind.

Dr. Pilgrim recalled the fact that it was the established practice in California for a great many years to have not only the superintendent but all of the medical officers live outside, and they had found it an utter failure. The service was not as good and the superintendents and physicians knew less about their patients than when resident. Last year there was a law passed modelled on the laws of New York, which compelled the superintendents and assistant physicians to become resident officers and live on the hospital grounds.

Commissioner Brown protested against going outside of New York for precedent. In the next place they had not in California any such organization or any such men employed as they had

Monthly Conferences

New York, and they have no such discipline. He ventured to make the assertion without knowing the actual facts.

Mr. Pilgrim recalled the action of the superintendents before the law was enacted as embodied in a resolution which prohibited living on the premises of families except in the case of first assistant physicians.

Mr. Blumer stated he thought there were a number of instances where it would be possible for an assistant physician to maintain quarters in the immediate vicinity of the hospital.

Commissioner Brown made a plea that this experiment be treated as a trial, and thought the State should not put a ban upon marriage. He thought it was not conducive to the best results.

Mr. Pilgrim thought that it would in time lead to marked abuses, and that persons in practice outside would attempt to draw upon the hospital staff, and that physicians who were permitted to live outside would work up a practice.

Mr. Hurd suggested that if that part of the law was allowed to be operative which permits them to live on the grounds and receive maintenance that the end in view might be accomplished. There was a resolution on the record now which permitted officers to have their families boarded on the premises paying the hospital six dollars per week. It would seem that an officer wished to marry, he could maintain his family on the premises, and that it would work no injustice to the members of the staff.

The chairman was inclined to think that the present rate put on the board of assistant physicians' families was too large. It was making a profit out of the assistant physician, and it should also be taken into account that he did not occupy any more room with his wife than he did before. He maintained that the objections to the scheme were not imaginary, and he believed if an inquiry were made of the superintendents of the hospitals throughout the United States that nine out of ten would offer objections such as had been offered here.

Commissioner Brown admitted that it might be practically anomalous, because it was a practice that had grown up for many years. The trouble with all these matters was that men are inclined to be conservative and to let the old system remain. The proper thing to do is to try new conditions and try them out and fairly.

The chairman wished to offer his objections in a more formal way and after mature consideration. He was told that the practice of having stewards live outside of the hospitals was proved to be a failure in some instances, and that at least one steward who did so had personal business which took a good part of his

Monthly Conferences

time. He had not the least doubt that if this practice adopted abuses would arise from it, and that it would be given up as a matter of experiment. There was no reason why an assistant medical officer who has his evenings and nights outside should not conduct a private business and engage in the practice of medicine, and he did not see what was going to prevent an attendant going to bed intoxicated every night, if he saw fit, as it could not be found out. He would sober up by morning, and probably turn up all right.

Dr. Blumer thought that so far as the private practice of assistant physicians was concerned the greatest safeguard against it would lie in the zealous watchfulness of practitioners in the city who would take care that these men did not interfere with their business.

Dr. Mabon thought a good deal of work was done by assistants in the evening. There are certain hospitals where no accommodations exist for assistant physicians to marry, and exceptions might be made in those cases, but he thought that the old rule had worked satisfactorily and ought to be continued.

Commissioner Brown stated that Dr. Wise had agreed that this section should be incorporated in the law.

The chairman explained that he had agreed because they had been violating the law, and he thought the law should be changed for that reason. It was an absolute necessity in the case of one general superintendent and two stewards to have them outside of the institution, as there were no accommodations for them, but the permitting of it was a distinct violation of the law, and his reason for agreeing to the change was to make it consistent with their official action. He did not expect it to be going to be adopted as a rule, and he should have objected if it was made to apply to all the hospitals indiscriminately. He had no doubt there were a dozen assistant physicians that were waiting for an opportunity to marry, and if the precedent was made anywhere, the superintendents would be immediately crowded with applications. It would be a substantial prelude upon marriage.

Dr. Blumer inquired what would prevent a superintendent requiring a non-resident married assistant to report for duty in the evening or at other hours just as other assistants are required to do.

The chairman replied it was easy enough to regulate things at the outset, but privileges gradually grew, and almost imperceptibly they got beyond the power of the superintendent to control.

Dr. Talcott related his experience with two assistants in

Monthly Conferences

outside, and that after trying it they were not satisfied with it and returned to the institution. He also thought that if a man had a family outside, his ordinary domestic difficulties would frequently keep him away from his duties.

Dr. Pilgrim's experience had been that they always had more trouble with married attendants and married employees than with single ones.

Dr. Howard moved that the rate to be charged for board for an officer's family at a State hospital should be four dollars per week instead of six.

Dr. Talcott approved of the motion, and said that if an officer had a visitor come to visit him a short time there was no addition to the cost of service, and a very slight increase in the quantity of food used, and he thought if a man had a member of his family the charge should be the actual per capita cost of food.

Dr. Howard accepted that suggestion as an amendment to his motion.

Dr. Blumer objected. It occurred to him that this was a small sum to pay the State for what a member of an officer's family obtains. He recollected that a short time ago they had occasion to question an applicant for a position at the Willard State Hospital, and he informed them that the lowest sum at which he could obtain board and lodging was \$5.50 per week. It should be remembered that not only his board and lodging, but laundry and various other privileges which Dr. Talcott had lost sight of, were provided him. He expected to suffer from this rate as much as anybody, but it seemed unreasonable to make the reduction that was proposed.

Dr. Talcott stated that he would be willing to make it a charge for board and washing. If an assistant physician had a friend come to see him for a short time, he did not enlarge his quarters or add anything to the expense for gas or service, and the actual cost to the State was simply what was eaten and what was laundered. They did not like the idea of paying the State a large profit, but would appreciate paying exactly what it cost the institution.

The chairman asked how he would establish the cost, to which he replied that he would do so by figuring out the per capita cost of the food which they consumed.

Dr. Blumer said he did not take into account shelter, warmth and light.

Dr. Macdonald stated this was the first intimation he had received there were any such charges for members of families living in an institution.

The chairman stated that it was very plain in the schedule

Monthly Conferences

of officers' salaries, and was now a law. It had also been fixed by resolution of the superintendents previous to the adoption of the schedule.

Dr. Macdonald stated that under the city arrangement they had collected the actual cost each month, and had continued that practice ever since.

Dr. Howard withdrew his motion, and the matter was laid on the table.

The use of lubricating oils was discussed, and Drs. Mabon and Wagner were appointed a committee to report upon it.

The conference adjourned for the consideration of hospital estimates.

JULY CONFERENCE, 1897

Proceedings of conference of representatives of State hospitals with the State Commission in Lunacy, held at the Grand Union Hotel, Saratoga, on the 29th of July, 1897, under the provisions of section 37 of the Insanity Law.

Present.—Commissioners Wise and Parkhurst; superintendents, Hurd, Buffalo; Macy, Willard; Mabon, St. Lawrence; Pilgrim, Hudson River; Howard, Rochester; Wagner, Binghamton; Blumer, Utica; Dent, Manhattan; Dewing, Long Island; Steward Leonard, Middletown.

The president of the Commission, chairman ex-officio.

The chairman introduced Dr. Mosher, who had been selected by the Commission to prepare a uniform set of forms to be used by the hospitals.

Dr. Mosher stated that there were a great number of different forms from all institutions sent to him, of which many were more or less duplicates, and he found that duplication was practiced even in the same hospital, by which clerical work was multiplied. His effort had been to combine the forms so as to get the best results with the least work, and it seemed almost necessary to make some classification of them. Many of them referred to the relations of institutions with other institutions or people, and they form one class, and the forms that were used in the internal administration of the hospitals appeared to him just as well divided into two classes, one referring to the medical work of the hospital, and the other referring to the business administration of the hospital. With this as a basis he had tried to work out the system. The medical forms are those that refer to the legal status of the patients, the commitment and discharge, and such notes as are required by law or by rules of the Commission in maintaining the case record of the patient. In this connection he could state that there were several hospitals that had adopted forms that were reproductions of the ordinary case-book, and that

Monthly Conferences

others had a system of filing the commitments in pamphlet form. He believed that the medical certificate of insanity, the bond, the order, the history of the patient, whether obtained from the family or reported by the attendant, might be all regarded as a part of the commitment, and be filed together; as all these facts are reproduced in the case-book, he considered that this clerical work was unnecessary and might be dispensed with. He proposed to add to these forms one for continued case notes, which would constitute, when bound together, a legal case record of the patient. A series of these could be filed in a binder, and would constitute the case-book. The second set for forms referring to the medical work would be the clinical records, and it would appear that any physician who had a special method of recording the clinical or pathological features of a case might be allowed liberty to follow out his own ideas, as there are a number of forms referring to special work, such as examination of the urine, blood, eye, ear, and general physical and mental examinations or charts, which could be included in one set of clinical records that could be used in part or wholly by those who chose to carry out this kind of medical work in the hospitals. The result of this clinical recording would be the individual medical study of cases, and in his opinion was the most important work of the hospital, especially in the admission of acute cases. All of the medical reports might be summarized in a general medical report, which should include the details of ward service, the physician's work, and this should be regarded as a summary of the medical reports of the day to be submitted to the superintendent. The reports from other administrative departments, such as farmers, engineers, carpenters and mechanics, clothing and matron's office, might be properly submitted to the steward and summarized by him. All of these departments could be represented in one report, which could be submitted to the superintendent, who with these two summaries would have at a glance the work of the hospital for the day. "I have given you the opinion that has resulted from my examination of existing practices up to the present time, and have hopes that they can be combined in the way I have outlined, so that the result will be a simple series of reports, and will not materially interfere with any of the methods now in use."

The chairman stated that the chief features that Dr. Mosher desired to submit at this time, as he understood it, was a better defined classification of the forms into graded classes, and the suggestion in regard to eliminating the case-book. Now would be a proper time to make suggestions to him, as the Commission had made none at all. They had thought it a better way to let

Monthly Conferences

these forms come to him as an independent person, who was not prejudiced in favor of any method, and work them out on a common-sense basis. The law required that the Commission should establish uniform blanks, and this statutory function they felt should be performed. The suggestion in regard to the case-book is a great departure. The law requires that a case-book shall be maintained, and yet it does not state that it shall be a bound case-book, or bound in any way. It does not define a case-book, and he thought that a case-book made in the way suggested would meet the requirements of the statute. Certainly it would save a great deal of work on the part of physicians: At some of the hospitals at which he had made inquiries he found that a large amount of the physicians' time was spent upon the case-book, and which, if it could be expended in some more useful directions, would be of value to the service. He asked the superintendents, therefore, to make any suggestions which occurred to them, in order that Dr. Mosher might have the benefit in his future work.

Dr. Wagner suggested that the method outlined by Dr. Mosher approximated the plan in use at Pontiac, Michigan. They had tried it at Utica some ten years ago, and pursued it for six months, and disliked it so much that everybody connected with the medical service had petitioned for a change. The single case-books were liable to get mixed up with one another, and it was almost impossible to keep them in order. The plan suggested by Dr. Mosher involved some of the disadvantages of the single case-book system.

Dr. Pilgrim stated that the single case-book system at Utica had been adopted at his suggestion. He came back from Pontiac thoroughly imbued with the idea that it was a much better system than the old case-book, and persuaded Dr. Blumer to let them try it, and, as Dr. Wagner had said, at the end of six months they were all disgusted with it. There are several advantages in Dr. Mosher's suggestions, but there is this one disadvantage that would result from making up statistics at the end of the year, unless there was a uniform page to precede each one of the medical certificates.

Dr. Mosher explained that it would be substantially as now used in the case-book.

Dr. Pilgrim admitted that that would overcome the objection. He believed that assistants never could gain as complete a knowledge of a case as they could by the ordinary way of putting data into the case-books. He thought instead of being a loss of time, it was time very well spent. The original note-making was done by a clerk, so that the physicians had very little copying to do, such as assistants had under the old regime. Then a large part

Monthly Conferences

of the time was spent in making notes and keeping up the case-books, which is now delegated to a clerk. But it appeared to him if the physicians did not take the case in the beginning and observe it thoroughly they would not get as thorough a knowledge of the case as they should have.

Dr. Mabon stated that he could agree with what Drs. Wagner and Pilgrim had said, but this was not the single-case record. It is practically a new case-record, containing 25 or 50 cases; therefore, the danger of single cases being lost does not exist. In addition, as they have the same sheets that they now have in the present case-book, incorporated in the history, it overcomes the objection that Dr. Pilgrim has spoken of, because a physician can admit a patient with that form and put the original in the case record. It occurred to him it would be well to consider the matter for a month, in order to determine which method is preferable. There are advantages in the old case record in its compactness, but it appeared to be a great duplication of work, and if that work could be saved they would have the time of the assistant physicians placed at their disposal for the proper medical work of the institution.

Dr. Howard said he knew practically nothing relative to the individual case-book, but with regard to the general question it seemed that some plan should be adopted which would lessen the expenditures of the hospital for printing. These forms had increased in number to such an extent that the cost for printing for a year for the several hospitals was very great, and he was confident that if uniform blanks were adopted, and that if the plan of printing the name of the several hospitals on the pages would be dropped, these uniform blanks could be kept in stock at the printing plant, so that orders could be filled without delay, and the blanks lessened in number. The amount paid last year by the different hospitals for printing blanks and forms was very large in the aggregate, and hardly justified by the needs of the institutions.

Dr. Pilgrim stated that a great deal of work might be saved in not copying notes and medical certificates in the case record, and binding the original notes in the clinical records, and at the same time keeping a condensed case-book that would always be accessible, where the cases would be in no danger of being misplaced or lost. The case-book should contain especially all statistical information.

Dr. Wagner maintained that the case-book should be continued. He found it a matter of daily convenience to take the case-book and glance over the record of a case, in which he wanted special

Monthly Conferences

information, and could in two to five minutes run through case in the hospital and get a pretty clear idea of the whole story and present condition of the patient, and he should be sorry to see it abandoned.

Dr. Hurd endorsed what Dr. Pilgrim had said. He claimed that the amount of clerical work was now very much minimized in fact, the only copying which is done is that which the clerk does from the original entry into the permanent case-book, and the dictation that the physician gives of the history of the case when the patient is received. This is done by a clerk at small wages and the physicians do not have the drudgery they used to have and he was in favor of the case-book now in use.

Dr. Dent approved Dr. Pilgrim's position in the matter.

Dr. Macy was in favor of retaining the general case-book, but thought it was an excellent plan to have a compact history of the important incidents, progress of the case, etc., included. He thought for a series of blanks such as used in some of the hospitals with the clinical history that it might be advisable and advantageous to have them all of a uniform size, so that the records might not necessarily be copied and kept in the case-book but placed on separate files. He thought it would be of great advantage to lessen the number of forms as much as possible and as the systems in the different hospitals varied considerably he thought it would be of advantage to see what other hospitals had adopted, in order that a complete set of the new forms now in use might contain all that was valuable. He approved of the plan of having general forms that were to be kept in storage as the name of the individual case-book could be readily written in. It would seem that the cost of printing had been very heavy. He had run a printing bureau himself for some six years, and the cost was but little more than the printing and ink. He thought it would be wise to minimize as much as possible the forms used in the State hospitals.

The chairman said there had been some objections urged, but there had been some things said in favor of the present case-book that he did not think were very forcible, for instance, convenience of reference. It occurred to him that if they had their forms in a cover, and the first sheet contained all the statistical matter now spoken of, that it was just as easy to examine it as it would be to search an index in the case-book and refer to a case. It would be more convenient to handle and more convenient to use. His experience at Willard was such as to lead him to adopt the St. Lawrence State Hospital, and the form of history used there very much the same as Dr. Mosher had recommended, and it had proved to be a success, in which Dr. Mabon concurred.

Monthly Conferences

After a further lengthy discussion of the details of the general plan recommended by Dr. Mosher, the chairman stated that the Commission had unanimously agreed to determine upon something to meet the statutory requirements. The report of Dr. Mosher would be made and submitted to the superintendents, and then their suggestions could be considered; but he was not willing that it should be left to the superintendents, because it had been left to them, and the result was that there were some seven hundred different forms now on file in the printing office. The last number was 760.

The report of the committee on the revision of the wage schedule as to vacations deferred from the last meeting was presented, and a motion for its acceptance and adoption was lost.

Ayes: Pilgrim, Blumer, Hurd, Mabon.

Noes: Wagner, Howard, Macy, Dent, Dewing, Leonard.

The chairman stated that he thought that the superintendents had the right under the present schedule to arrange the matter of leaves of absence to suit the convenience of the hospital.

Dr. Blumer from the committee to report on the use of proprietary articles of medicine and food asked to have the committee discharged as the agent of the Commission, Mr. Bradt, was preparing a report upon the same subject.

Motion carried.

Dr. Mabon advised that a uniform examination for entrance to the training schools be adopted. The practice now in some institutions was to have an examination for entrance, and at others no examination was required, and this matter should be uniform the same at entrance as at graduation, and each institution would profit from this course.

Dr. Pilgrim agreed with Dr. Mabon, because it had become a very serious question. He believed that the training school ought not to be increased in size at the expense of quality; that they should only accept candidates for the training schools from the very best material offered.

The chairman suggested, that too large a training school was almost fatal to its success.

Upon motion, the committee on training schools was instructed to prepare a series of questions for entrance to training schools, the examination to be held at the several hospitals.

Dr. Macy, from the committee to investigate the advantages in creating a plant for the canning of vegetables and fruits for the use of the State hospital, reported as follows:

Your committee, appointed to investigate concerning the advisability of establishing a plant to undertake the canning of vegetables and small fruits for the use of the State hospitals,

Monthly Conferences

and more particularly to establish one central plant, or two, most, for the division of the work, would respectfully recommend that, after careful investigation of this subject and after having inspected a number of plants engaged in doing this class of work on a commercial scale, it is their opinion that it would be inexpedient by reason of the large cost—both of apparatus and expense due to the employment of the necessary skilled persons who would have to be engaged to do the canning on any extensive scale—to undertake to establish a special plant for this particular work. As near as could be figured from the data supplied to us, it would be necessary to expend several thousand dollars to get the machinery that would be required for putting up different kinds of vegetables and fruits that could be handled to the best advantage. A competent superintendent would have to be employed and much of the work performed in doing any amount of canning would necessarily have to be done by paid employees.

We attach to the report notes that we have prepared showing the cost, as this matter has been obtained by us, and also letters from Mr. E. H. Palmer, the treasurer and general manager of the Geneva Preserving Company at Geneva, N. Y., whose establishment was inspected and from whom valuable information was obtained. The facts contained in these papers give quite a full information upon this subject.

On the other hand, your committee has concluded, as a result of observations made in the matter of canning, etc., that the different hospitals, with but slight addition to the apparatus owned at each of these institutions, could readily undertake the canning of both fruits and vegetables on such a scale as would be necessary to furnish them with such goods of this kind as they might require, and that this would furnish considerable employment to the patients; and if the raising of fruit and vegetables for this purpose was gone into somewhat more largely at some of the hospitals whose acreage would allow them to do this, the taking up of this industry would also result in the improvement of the general dietary of the hospitals with but little additional expense and without the necessity of employing any help than at present, or the bringing of patients' labor into competition with that of those outside of our institutions, as might be the case if a single plant was maintained and an attempt made to put a sufficient amount of goods upon the market to assist in maintaining the plant without too great an expense to the hospitals. Little machinery would be required to effect the result referred to, other than a cooker, and a retort, if necessary for each institution, and the goods could be placed in cans

Monthly Conferences

soldered by hand, without the necessity of using an expensive machine to do this work.

Your committee would therefore recommend that one of the institutions that could most advantageously extend the canning that may have previously been done at the hospital, should be allowed to purchase a cooker, and retort if necessary, and such cans as might be required for the purpose specified, and that this matter should be undertaken with the view of doing such work as may be done to advantage during this coming season, and an attempt be made to provide, in addition to the hospitals' own needs, a supply of canned goods that can be used by other institutions that are less favorably located as regards advantages for pursuing this work profitably themselves.

The committee would also recommend that, should this work prove sufficiently successful this season, the other hospitals be thereafter allowed to equip themselves to the extent that may be deemed best at the hospital where the work of canning is extended.

All of which is respectfully submitted.

W. A. MACY,
ARTHUR W. HURD,
Committee.

GENEVA, N. Y., *July 14, 1897.*

Hon. S. H. HAMMOND, *Geneva, N. Y.:*

Dear Sir.—I have read the letter of Dr. Macy's, and would say in the first place it would be necessary if the State hospitals did their own canning to get a competent superintendent which would cost at least \$1,200 per year. If the object was to can only enough goods to use in the State hospitals, the expense of equipping and running a canning factory would be too great. If the object of the proposed scheme is to put up canned vegetables and fruits to sell, it would then be necessary to also employ besides a practical superintendent, a competent business manager, which would cost from two to three thousand dollars per year in addition. As to the expense of putting in machinery, it, of course, would depend upon the *amount* of goods which was proposed to pack and *what kind* of goods which it is proposed to pack. We understand the canning factory at Farmer, which was erected to can corn chiefly, and which has not the facilities for canning peas, tomatoes, and preserved fruits, cost about \$10,000. Our own plant cost us \$30,000. To give a detailed statement of the cost of a factory would be a great deal of work. The cost of the different machines alone is but a small part of the cost. Shafting,

Monthly Conferences

pulleys, motive power and the putting in of the machinery all cost a good deal of money, besides the first cost of the machinery and building. The cost of some of the machinery for canning I give below.

Corn cutting machines, \$250 each. It takes from two to three of these machines to run one cooking machine; corn cooking machines, \$500 each. These are not really cooking machines, but merely heat the corn and fill the cans. They have a capacity from 15,000 to 40,000 cans per day, according to the kind of machinery purchased; can-wiping machines, which are used after the cans are filled, \$125 each; capping machines for soldering the caps on the cans, \$600 each. One of these machines has a capacity of about 20,000 cans per day; the retorts for cooking cost from \$125 to \$250 each, according to the size and make purchased. For one cooking machine there should be from three to six of the largest size retorts. Then it is necessary to have a hoisting apparatus to fill the empty retorts, and many other smaller machines which are almost too numerous to mention. Cans cost at the present time \$13 per M. for No. 2 cans, which is the size usually used in packing corn; \$16.50 per M. for No. 3 cans, which is the size usually used in canning tomatoes; and \$38 per M. for gallon cans.

I would be glad to give any other information which Dr. Macy may want, and as soon as we get through the rush of packing peas I might be able to spend the time to figure out the exact cost of a plant such as he should specify. At the present time the canning business has been overdone. A large proportion of the packing of canned goods is being sold at less than cost. We suppose, however, at some time this will be righted and canned goods will sell at a fair profit, but this condition of affairs has lasted for the last three years.

Yours very truly,
E. H. PALMER.

GENEVA, N. Y., July 23, 1897.

Hon. S. H. HAMMOND, *Geneva, N. Y.*:

Dear Sir.—Yours received. In answer to the questions asked by Dr. Macy, I will say that if the State hospital already has a surplus of steam they can can some things with a very little outlay, but it is impossible to can corn without expensive machinery. Tomatoes could be canned with very little expense. Enough could be put up for the use of the State hospitals with an outlay for machinery of probably \$200. Of course, this would not enable them to handle goods as cheaply as could be done on a large

Monthly Conferences

scale with expensive machinery. The machinery for canning peas is also expensive, but fruits and tomatoes could be canned in a small way with very little outlay. Of course, fruits can be canned in the ordinary way in glass, the way probably they do it now, but tomatoes are not a success when canned in that way, as they are very difficult to keep in glass, but very easy when canned in tin.

Yours very truly,
GENEVA PRESERVING CO.,
By E. H. PALMER, *Mgr.*

GENEVA, N. Y., *July 26, 1897.*

W. A. MACY, M. D., *Willard, N. Y.:*

Dear Sir.—Yours of the 24th received. It is not necessary to have a retort for cooking anything except corn and peas. As it takes a good deal of expensive machinery to can peas and corn, we doubt the advisability of doing that. An open wooden vat will do for cooking tomatoes and fruits. Steam pipes should be laid in the bottom of the vat and the cans are cooked in water heated by the steam. This would cost very little and is all you need for cooking fruits and tomatoes. You cannot buy these, but you could get a carpenter and a steam fitter to build them for you. It is too late to attempt anything for this year, we think. After the first of January, we could let you have an experienced man who understands steam fitting and building of the vats, and could fix you up with very little expense.

Yours very truly,
GENEVA PRESERVING CO.,
By E. H. PALMER, *Mgr.*

Dr. Macy further stated that it was evident that canning could be extended with the present facilities without adding to the payroll, but if the hospitals should undertake to can peas and corn, the losses would be found to be so large as to make it inexpedient.

Dr. Pilgrim inquired if the committee took the position that it was inexpedient and unprofitable to establish a central plant, and yet recommended that each institution do its own canning.

Dr. Macy stated that if a central plant was created, it would require a skilled force of employees, some of whom commanded high salaries, as the machines have to be run by skilled help, but if in each institution canning was done in a primitive way in the

Monthly Conferences

kitchens without the aid of this machinery, it could be large extended without expense, and without getting extra help. A great deal had been done at Willard, and they had practically put up almost all the canned goods that had been used, and thought the same practice could be extended to kitchens in other institutions, particularly as it applied to tomatoes and fruit. Corn and peas could be experimented with, but nothing could be done without a retort. During the present season tomatoes could be canned, as any ordinary tinsmith could solder the cans or they could be kept in jugs.

Dr. Wagner thought that there was considerable risk in attempting to can on a large scale.

The report of the committee was accepted and adopted.

The chairman suggested that the superintendents authorize the committee to determine upon a sample of tea for all of the State hospitals, with power to make a contract for one month as an experiment, and read to the conference a report of a committee of stewards appointed to ascertain the feasibility of purchasing a uniform quality of tea for State hospital use through brokers or importers. The report of the committee of stewards was as follows:

"The committee of stewards appointed by the conference stewards with the Commission to ascertain as to feasibility purchasing a uniform quality of Formosa Oolong tea for the use of the State hospitals by tea brokers, would respectfully report that they have taken samples of tea from the various State hospitals to brokers and importers, and find the values of different teas are much the same. It was the unanimous opinion of the testers that the teas purchased by the various hospitals were worth the price paid for them.

Teas have declined recently and it is the judgment of the committee that a tea equal in quality to the best tea purchased heretofore at 25 cents per pound, can now be purchased at 22 cents per pound, and that the limit may be safely changed."

The same committee were authorized by resolution to purchase tea for the next month for all the State hospitals after considering samples furnished by various importing houses.

The chairman stated that Dr. Dent informed him that the Manhattan State Hospital could not undertake the roasting of coffee and the grinding of spices at the present time, and could not do so until it obtained the storage building at present contemplated. He believed this was not understood by the conference when it determined to let the Manhattan State Hospital undertake that work. It was understood at that time that sufficient building facilities with slight changes at no great cost could be provided, and, therefore, the conference acted under a misapprehension. It is impossible to get the new building proposed

Monthly Conferences

this year, and the consequence will be that the coffee roasting plant adopted by the conference will not be established. In view of that fact, the question ought to be again taken up and reconsidered, and some other hospital selected to do this work.

Dr. Blumer stated that they could establish the plant by making an addition to their store-room, which would cost approximately \$2,000.

Dr. Macy inquired if this was undertaken at Utica for the time being, whether it would be possible to use the building for some other purpose, if the roasting plant was removed to New York.

The chairman stated that it could be transferred to Manhattan as soon as they were ready to have it, which would probably be a year or a year and a half. A good deal of prominence had been given to this question, and he did not believe the conference should get the reputation of undertaking work and not completing it.

Dr. Blumer stated that he would very cheerfully submit plans for such a building as was necessary; that \$2,000 was probably an outside figure, as all that would be needed would be a brick structure two stories high as an addition to their present store-house.

Upon Dr. Macy's motion the Utica State Hospital was authorized to take the necessary steps for carrying out the project.

Carried unanimously.

The chairman stated that it was incumbent upon him to say something more about the extent of funds and the cost of maintenance. The Commission had the means of getting opinions from better sources than the authorities of the hospitals, and they feel satisfied that there is a feeling abroad, and a growing feeling abroad, which will culminate in some legislative action derogatory to the State hospitals and the State hospital system, unless there is a very great effort made to avoid it, and it is largely based upon the question of the cost of maintenance of the insane in this State. He regretted the necessity of dwelling upon this subject, but he wanted it understood that a warning note has been given, and that superintendents must not only endeavor in every way to get their cost down, but they should also endeavor to create a sentiment in their community that is favorable to the present system. It would certainly be a calamity to the State and to the hospitals to have the present system changed, or to have a mongrel system adopted, such as exists in Wisconsin, and has lately been adopted in Pennsylvania, which is a virtual return to almshouse care. He believed that if the present State hospital system was thoroughly understood, there would be a sentiment unanimously in its favor, and there would be no danger of its

Monthly Conferences

being disturbed. But the trouble was that the public at large were ignorant of the excellent work that was being done by hospitals, and particularly of the expenditures included in what is known as "the maintenance of the insane." He believed, as he had said previously, that much could be accomplished by a careful and a better defined classification of patients. He was convinced that there was not a sufficient distinction between care and provisions for the acute cases that come to the hospital for hospital care, and the chronic patients who may have been twenty years in the hospital, and must remain there during life, that the hospital standard filtered throughout the institution in all classes. It might be said perhaps that lack of classification was largely to blame for what appears to be the increased cost and the so-called large cost of maintenance. There are probably from ten to twenty per cent. of the cases that were in hospitals for purely hospital care, and they needed it, and there never could be any criticism of appropriate expenditure for that class; but it must be admitted that there was a large class who were physically quite well, but who were mental wrecks, and are in the hospital, as they must all recognize, for custodial care. They should receive skilled observation, and there could be no objection to their transfer from one class to the other, if the condition called for it. From his observation he believed that it was possible to make a better defined classification, although it might disturb the present one, and that the patients who were incurable should be appropriately provided for, but upon a lower scale, and the hospital cases should have the standard raised above the present one. This would not only gain advantages in the service, but would be an economical feature, and would show results. Another matter upon which he had previously dwelt was that, as far as possible, the amount expended for outside labor should be lessened. There is more expended taking the State as a whole, for labor outside the wards than on the inside. The Commission cannot be expected to have the ability to control legislation, and there is no better way to control it than by showing results that can be universally approved. It was a thorough conviction that every hospital in the State was trying to accomplish the best results with the means provided, but there is always an opportunity to do a little better. Notwithstanding the advanced cost of supplies over last year, the Commission was very earnest in its desire to go to the Legislature with a ratio of maintenance certainly not in excess of last year.

Dr. Wagner related certain cases which they had in custody which illustrated the point made by the chairman. They had a number of cases which they were unable to discharge as rec-

Monthly Conferences

ered, but who were sufficiently recovered so that the custodial care given in a county-house would answer just as well as hospital treatment, and if some solution to this problem could be arrived at, it would lessen the number of patients the State had to care for in the State hospitals. He suggested that a modification of the law might be secured that would help the situation.

Dr. Pilgrim said the difficulty in classifying as strictly as the chairman had intimated was in not having separate buildings adapted to each separate class. He also claimed that if the food allowances to patients were reduced, the employees' dietary would have to be changed. At present they have adopted in their infirmary an entirely different dietary from the other wards. The attendants dine at their own tables. The chairman said that attendants and nurses should be given an addition to their diet, if it was necessary. The superintendents were not restricted in making this change. He also referred to the old argument which had been made for trained nurses, that if they were skilled, fewer would be required, and that the reason for employing as large a ratio as were employed was on account of their unskillful work. At present this was all changed, and a fair proportion of nurses were trained and skilled. He did not want to have his remarks about classification misapprehended. He made a plea for a higher hospital standard, and that recent and curable cases should have everything that they required that would tend in any way to their recovery; but he believed that for nearly 90 per cent. of the patients the ratio of attendants need not be as large as it is.

Dr. Pilgrim's experience had been that training did not make attendants capable of doing more work, but seemed to act the other way. They were unwilling to do as much work after they graduated as before.

The chairman said that the actual physical work itself did not enter into the question. It merely becomes a question of supervision. An ingenious nurse will get the work done by able-bodied patients, and there was no reason why an able-bodied chronic patient should not work; it is better for them. The ratio of attendants to patients varies greatly in the several hospitals. Of course, the design of the institution, the arrangements of the wards, etc., had much to do with this, but great improvement could be made, if more attention was paid to the determination of classes with a view to a grade of care. He feared that it was too generally observed that patients should receive absolutely the same grade of care, whether acute or chronic.

The chairman stated that he had received the dietaries of all the State hospitals for the thirty days of June, not only for New York, but from a number of other States, and they would receive

Monthly Conferences

careful analysis, which he hoped might result in a suggested tary for trial at the State hospitals. When it is received by superintendents, it should be understood by them that it is an order in any respect, but merely suggested for experimentation, and the hospitals will have the privilege of departing from it in any respect they choose. The one requirement that be made is that they report at the end of the month in what particulars they have departed from it, and give their reasons for the change. The Commission had considered this matter, believed it was not an unreasonable thing to ask. As far as food and other supplies go, he did not believe it was possible to make any great reduction, as they are pretty low now. The large expenditures that might perhaps be reduced are in the miscellaneous expenses and in the payroll. The Commission had not been inclined to criticise at all expenditures for ward service, but thought that the service outside of the wards and in special departments might be reduced.

Dr. Pilgrim thought that the Commission was largely responsible for many of the increases in expenditure, and thought uniformity was the bane of the whole system.

Dr. Blumer regretted that the report on vacations and leave of absence was not adopted, as he was confident that the time given to employees necessitated the employment of extra personnel in each hospital to make good those absences.

The chairman said that the theory had always been that when an officer takes a vacation his work had to be performed by his associates, and why should it not apply to nurses and attendants as well. In every commercial business, when one member of a firm or one employee takes a vacation, those who remain have to do the work. He could not see why the superintendent could not arrange the vacations of employees under the present schedule as they saw fit. He should not hesitate to make an attendant go without the 14th day if the needs of the hospital demanded. They could be allowed an equivalent, but not until the requirements of the hospital permitted it. He called for coöperation among the superintendents to correct the inconsistencies in estimates for clothing. There was no reason why some general uniformity should not be established, and the report of the committee on clothing, which had been accepted and adopted, might be the practice of the hospitals.

Dr. Howard suggested that blankets and towels, which had been purchased substantially for two years, might be deducted in computing the expenditures for the year.

The chairman thought that would be reasonable.

Dr. Macy referred to the case of an epileptic who had mani-

Monthly Conferences

attacks which were not extreme. He could well be cared for outside of the hospital, but he should hesitate to certify him as recovered. During the intervals he was very well, but it now becomes a question whether to discharge him at large, as he has no friends.

The chairman stated that the present law would not allow a superintendent to discharge a case now in custody to any but friends, except upon a certificate of recovery.

Dr. Howard and Steward Gilbert were appointed a committee to confer with the board of classification in prescribing the quality and kind of products manufactured in State prisons.

The chairman called attention to the practice in some hospitals of using a great many clams, while others did not use any, and stated that clams for general use are not economical. They cost from 20 to 27 cents per pound, and if they are used generally, if nutritive qualities are considered, they do not compare with fish. It is a question whether they are not used to excess.

Dr. Pilgrim stated that they used them once a week in place of beef as chowder.

Materials for clothing was considered in detail, with reference to quality and cost, and it was the sense of the conference that more uniformity might be adopted, and that the hospitals could purchase clothing under the provisions of the statute calling for coöperation.

Dr. Pilgrim suggested the manufacture of drugs at some central point, and said that the present requirement that each hospital make all the preparations necessary for the institution was sometimes an embarrassment and overworked the apothecary.

The chairman said that he thought the apothecaries were not overworked, and that the making of tinctures, etc., was a simple matter. He also called attention to the use of certain drugs; that assistant physicians frequently became notional and required that a certain pharmaceutical preparation be used in apparent excess, and that superintendents should give this matter some personal attention.

The purchase of the Beyer products was considered, and a suggestion that they should be directly imported from the manufacturers received consideration.

The conference adjourned for the consideration of hospital estimates.

AUGUST CONFERENCE, 1897

Proceedings of conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 30th of August, 1897.

Monthly Conferences

Present: Commissioners Wise and Parkhurst; Superintendent Blumer, Utica; Macy, Willard; Pilgrim, Hudson River; L. Buffalo; Wagner, Binghamton; Mabon, St. Lawrence; H. Rochester; Elliott, Long Island; Dent, Manhattan; Ste. Leonard, Middletown.

The president of the Commission, chairman ex officio.

Dr. Mabon reported that the questions had been prepared for the examination of applicants for admission to training schools and that the same had been printed and sent to the various hospitals, with instructions as to how the examination should be conducted.

Dr. Mabon, from the committee on lubricating oils, presented the following:

Taking the last sentence in the quotation from Prof. Smith's article, we see its importance as indicating why thick oil, so viscous, may be used with success on slow speed machines, even on high speed machinery when the pressure on the bearing surfaces is not very great.

The engine oil, therefore, for high speed apparatus, should be light and thin, whereas the Red Engine Oil is thick and heavy, or, in other words, is more viscous.

Whatever may be said of the theoretical value of lubrication, their true value is only to be determined by continued trial. We beg leave to submit herewith the facts as ascertained at the St. Lawrence State Hospital, where the plant consists of high speed, side crank engines, with heavy overhanging fly-wheels, with a 5-inch jack shaft 50 feet long, running at approximately the same speed as the engine.

Various oils have been tried in connection with this apparatus, and we found that the thin, light oil known as the Dynamo Engine oil, which, by the way, was recommended by the electricians of Brooklyn navy-yard, gave remarkably good results, and I may be pardoned for making the statement that at the Brooklyn navy-yard the high speed electric plants are tested for all the United States war vessels.

The relative cost of the two oils is as follows:

Dynamo Engine Oil, 52 gallons, at 20 cents per gallon lasts 25 days or 600 hours. This equals $1\frac{8}{10}$ cent per hour.

Atlantic Red Engine Oil, 52 gallons, at 14 cents per gallon lasts 8 days or 192 hours. This equals $3\frac{8}{10}$ cents per hour. The relative cost of the Dynamo Engine Oil, 47 per cent. of the cost of the Atlantic Red Engine Oil.

A further advantage in favor of the light, thin oil is, that the risk of a shut-down from over-heated bearings is reduced to a minimum.

Monthly Conferences

Atlantic Red Engine Oil undoubtedly is used with success in many electric light plants, but as the same conditions do not exist in different plants or parts of machinery, it is a self-evident fact that any particular lubricant is not suitable for all machinery.

At St. Lawrence, when this oil was used, all the bearings became warm, and several became so hot that it was only by the greatest care that a shut-down was prevented. Inquiry was made of the Standard Oil Company, through its local agent, and the Swan & Finch Company, about the viscosity and specific gravity of their engine oils. The former company did not reply, but their agent stated that it was a trade secret. The latter company wrote as follows: "The test is about 29 gravity and 70 viscosity. Of course, you understand that the gravity and viscosity of dynamo oil can be made heavier and lighter, largely by the oils used in compounding. As we use sperm oil instead of lard or neatsfoot oil, it naturally makes it a higher gravity as well as viscosity. Should we use lard oil or whale oil, it would then make a lower gravity and viscosity, but our experience so far has been that the sperm oil mixture makes the most uniform and best running dynamo oil."

The higher priced oils are generally better lubricants than those of low price, because more care is demanded to wash and purify them, and it is usually found that their greater lubricating properties more than offset their increased cost per gallon.

Your committee has corresponded with various large manufacturing concerns, and has received reports that are so conflicting as to make it impossible to tell the exact value of any grade of oil.

We would, in view of the investigation we have made, recommend the hospitals, where the Red Engine Oil has not been satisfactory, to use a light and thin engine oil, equal to the Dynamo Engine Oil, and at a cost not to exceed 20 cents per gallon.

While the Capitol Cylinder Oil is not as satisfactory as some other cylinder oils, we believe that it could be adopted as a standard for general use in the hospitals where cylinder oil is required.

Your committee beg leave to submit herewith a report on cylinder and engine oils.

Prof. Smith, of Birmingham, England, says in regard to this: "The application of a lubricant to a journal depends really much more on the viscosity of the lubricant than on the frictional properties of either of the solids, which never come in contact when the lubrication is faithfully attended to. The layer of oil immediately in contact with either of the solids probably does not move at all relatively to the solid. The rubbing, therefore, in all probability, takes place between the two surfaces, or rather be-

Monthly Conferences

tween an indefinitely large number of pairs of surfaces, The viscosity of the oil, which hinders this relative motion, however, very likely affected by the adhesive force between solid and liquid surfaces, because, especially if the bearing surface be great and the film of lubricant consequently very thick, some at least of the liquid motion will take place within the sphere of action of the cohesive forces."

Reasoning from these premises, it would appear that high speed machinery, that is machinery in which bearing surfaces pass each other at high rates of speed, require lubricant to flow easily, thinly and rapidly, and thus work into every part of the bearings.

He said he could supplement the report with the statement that they had recently bought some machinery from the General Electric Company, and the instructions they received were to use only the best grade of fine lubricating oil in the bearings. In some slow machinery a thicker grade of oil can be used to advantage.

The report was accepted and adopted.

The chairman stated that the Commission had held a meeting at the Utica State Hospital after the last conference, and arranged for carrying into effect the plan adopted by the Commission for a coffee-roasting and spice-grinding plant.

The chairman read the following report from Warren L. Smith in the matter of drugs:

Having visited the dispensaries of the State hospitals, I respectfully submit the following report:

In revising the estimates for medical supplies, a great number of articles were noticed, estimated for, which could be made at the State hospitals at a saving of from 50 to 100 per cent. and in some cases as much as 500 per cent.

The Commissioners' attention having been called to the matter, it was asked by them to visit the dispensaries and confer with the apothecaries, and instruct them, if needed, in the manufacture of these preparations.

The articles referred to were elixirs, medicated syrups, emulsions, dials, liquid antiseptics and many of the so-called proprietary preparations.

In some cases the apothecaries were unacquainted with the formulae and to these they were given. The most of them, however, understood them, but I found the cause for their estimating instead of making was a matter of habit, they having always done so.

In several instances a certain class of goods (Squibb's) was used almost exclusively; while it is perhaps true that a

Monthly Conferences

number of these articles are to be preferred, it seems extravagant that the complete line should be used and exorbitant prices paid for them, while such standard manufactures as Merck & Co.'s, Powers & Weightman's and Pfizer's goods can be bought at an average of half the prices of the former. As an illustration of this, one hospital has been getting every month or two, sixty or eighty 500 gramme (1 lb.) packages of Squibb's Chlorinated lime, paying from 19 to 22½ cents a package, while the same articles can be bought in pound boxes for six cents. All of these points were explained to the apothecaries.

The use of proprietary preparations varies in the different hospitals, and in very many instances, if not all, other preparations could be substituted, the results of which would be the same and a large amount of money could be saved. The more prominent ones being Fellows' Syrup, Beef Extracts, Extract of Red Bone Marrow, Scott's Emulsion, Pepto-Mangan and *Vino Kolafrá*.

In view of the fact that the State hospitals are charitable institutions, it seems appropriate to state that many of the finer pharmaceutical preparations might be substituted by the cruder drugs, and save quite a sum to the State while gaining the same therapeutical results. The drug trade caters to a class of refined customers, able to pay for palatable preparations, but it is done at enormous profit to the manufacturer. In charitable institutions it would seem that elegance and palatability should not be gained at a sacrifice of cost. This would apply to all elixir preparations, medicated wines, particularly of the coca preparations, and to many other articles.

The chairman asked the superintendents to call the attention of that member of the medical staff to this report, who had the charge of the drug estimates, and ask them to be governed by it. His own impression was that a large part of the finer pharmaceutical preparations go to employees rather than to patients. There is always a class of hypochondriacs employed in hospitals that are very particular about the palatability of the drugs that are prescribed for them, and know a great deal about it.

Dr. Mabon called attention to the importance of considering the use of crockery and glassware, and also to a report made by a committee several years ago upon the kind of crockery that was to be used and the patterns. He thought it had not been carried out in full, and that it would be desirable for the State to enter into some contract with a manufacturing company for all the State hospitals. He had prepared a statement as to the amount expended for glassware and crockery during the past

Monthly Conferences

year and found that it amounts to \$12,575.37. He therefore moved that a committee of stewards be appointed to make arrangements with some pottery manufacturing company for the purchase of pottery for all the State hospitals, and would ask that the styles of material were to be those adopted at a previous conference.

Dr. Hurd inquired if Dr. Mabon had ascertained whether there would be any great gain financially.

Dr. Mabon thought the greatest gain would be in the quality of the goods. If they were all from one concern, they could be kept to a standard, and some one would be responsible, and there would be some advantage gained also in prices.

The chairman stated he had noticed in his visits that all kinds of crockery were used, and it was doubtful if two institutions purchased the same kind. Some of it was exceedingly poor, and some of it the very best, and all sorts of prices were estimated for it. It was impossible for the auditor to pass upon the prices that are estimated for crockery, and it would be a great relief to this office if some plan was adopted. Certainly standard articles of crockery should have a fixed price and a fixed value.

The motion was adopted, and the chair appointed Dr. Mabon and Stewards Remington and Leonard as such committee.

Dr. Macy called attention to the uniform cloth used for medical attendants, and believed 16-ounce cloth too light for all the year round. He suggested the adoption of a heavier weight for winter use, and said the report on attendants' uniforms mentioned no other weight than the 16-ounce goods. The patients used 24 ounce, and sometimes 24, and complaints had been received from attendants relative to the light-weight goods.

The chairman thought this matter should be left to the needs of the several hospitals.

Dr. Howard explained, on behalf of the committee on soap, that the report contemplates the manufacture of hard soap at a central plant, and the manufacture of soft soap at the several institutions.

Dr. Wagner claimed that if the hospital had to manufacture its soft soap, they would have to add an additional employee to their payroll, and that his experience, extending over a long period of years, led him to believe that a poorer article would be obtained at a greater cost. They had had three years' experience in purchasing and seven or eight years in manufacturing.

Dr. Mabon stated that they manufactured soft soap satisfactorily, and they did also at Willard, and at Utica, Middletown, Buffalo and Manhattan.

Monthly Conferences

The chairman stated that they had made some careful computations at St. Lawrence three or four years ago on the soap question, and the data showed that one and one-half cents per pound was saved over the purchase of chips. The labor and apparatus needed was very simple, and he believed it was no more difficult to make soft soap from the raw materials than it was to make a solution of chips, as one takes just about as long as the other, because in making soft soap all that is necessary to do is to put in the fats and the alkali and add the water and the steam mixing it, and saponification occurs. Absolutely the same process is required for dissolving chips. It should be borne in mind, too, that in transporting chips, transportation is paid for a large percentage of water, as they are not absolutely dry.

Dr. Howard added as a supplement to his former report that the committee had found it was more economical for each institution to make its own soft soap, and for the hard soap to be manufactured at a central plant. He had since found that a factory at a central point would cost in the neighborhood of \$8,000, if it were sufficient in size to make soap for all the State hospitals, and they had an unexpected obstacle in establishing this factory at Rochester in the opposition of the executive board of the city to allowing the sewage from the factory to be discharged into the city sewer. Whether this opposition would be insurmountable he did not know at that time.

Mr. Mills, supervisor of industries in the State prisons, appeared before the conference to explain any question that the superintendents might desire to ask him in regard to prison-made goods. He explained that any faults with the goods now manufactured would be corrected, if the Commission were informed. To inquiries as to how rapidly orders for furniture could be supplied, he replied that in three or four weeks at the outside from the receipt of orders for any of the standard kinds. They would manufacture any of the patterns which the committee of superintendents adopted. In reply to complaints about ticking, he stated that the samples submitted at Rochester were too light for the requirements. He also stated that they could fill any order for castings in a week from the time it was received. They had a plant at Auburn that produced 10 tons of castings a day, and was very complete in every way. It had been operated for fifteen years. They could ship beds of the standard pattern at once, as they have a number in stock.

Complaints were made about the cloth not being satisfactory, but he explained that the quality had been very much improved upon.

Monthly Conferences

Dr. Blumer, from the committee on classification of insanity, reported that after conference with Dr. Wise and other competent authorities, it was decided that, in view of the near approach of the statistical period, the committee limit themselves in the change of the Commission's tables simply to the introduction of the term "paranoia," which would probably give rise to less trouble for the time being than a more elaborate change would involve.

The chairman stated it should be understood that the report does not pretend to be a final report, but, owing to the lateness of the season, progress was reported by injecting in the present classification the form of insanity known as paranoia, leaving the remainder until such time as a more carefully considered classification could be submitted.

Dr. Mosher presented the following report in regard to a uniform set of forms and blanks:

In accordance with instructions received from the President of your Commission, I have the honor to submit the following report upon the blank forms for the official use of the State hospitals:

My instructions were to prepare a set of blank forms which should be uniform and these forms were not to include the books in use in the State hospitals. Each of the several State hospitals sent complete sets of the forms used by it, and from these forms I have made a selection, which is herein described. It has not been my purpose to introduce new forms, or to exclude old ones, but I have attempted to avoid the use of duplicate forms and to combine those sent me as far as practicable, so that their purpose might be attained and the amount of necessary clerical labor might be reduced to a minimum.

The forms group themselves naturally and I have made the following classification:

- I. Forms referring to patients.
 - (a) Case record, including commitment and discharge.
 - (b) Clinical record.
- II. Forms comprehending the reports of the various departments of the institution.
- III. Forms relating to employees.
- IV. Forms used in the steward's department, and the various departments more or less under his direction.
- V. Forms used by the treasurer.
- VI. Miscellaneous forms.

The forms included in this classification are as follows:

- I (a). Case record, including commitment and discharge.—This series includes all forms relating directly to the patient from the

Monthly Conferences

time of his or her admission to the hospital until his or her discharge.

1. A cover, showing on the first page the name, residence, number and dates, and also the data needed for the annual statistics.

2. The medical certificate of insanity.

3. Bond for private patients.

4. Order of transfer.

5. Initial history.

6. History of patient on admission—which is a reprint of the old case-book page.

7. Ward admission record, containing on the reverse a list of the clothing received with the patient on admission.

8. A blank sheet for continued notes.

9. The certificate of discharge. On the reverse of certificate of discharge may be given the authorization to the steward for the delivery of valuables and clothing to the patient, and a receipt to be signed by the proper person for these articles. In the case of a death, the death certificate is authority to the steward for the removal of the remains.

10. Agreement for the care of a patient discharged contrary to the advice of the medical superintendent.

These forms, so far, represent the entire records of the patient and cover all the ground of the ordinary case-books now used. It is suggested that the case-books might be dispensed with and that this folder, with its contents, might be recorded as the official record of the patient. Each one of these records may be placed in an appropriate binder and 25 or 50 of these, as the case may be, would then constitute a case-book. Certain other forms for the convenience of the hospital might be appropriately added to the above record. At the time of admission of a patient the following cards should be filled out:

11. An index card for the general office.

12. A ward card to be given to the charge attendant, containing on the back a list of clothing belonging to the patient.

13. An index card for the superintendent's office.

14. An index card for the steward's office, the last giving respectively the needed data.

The other blanks needed in direct connection with the patient are:

15. A form (which may be later officially agreed upon) giving directions for attendants who accompany patients to the hospital, and upon the reverse of this may be given a memorandum of the expense incurred in the transfer and also two or three

Monthly Conferences

blank receipts for carriage hire, and for hotel bills, if it necessary to require this formality of the attendant.

16. Parole card.

17. Guaranty for the transportation of remains.

18. Superintendent's certificate of discharge to the board managers.

1 (b) Clinical record.—It has been suggested that the clinical record be filed with the original case-book, and this suggestion carries many advantages with it. The idea of a clinical record is primarily the individualized medical care of the patient, secondarily a scientific study of cases. On account of the object of a clinical record, it seems preferable that the clinical record should be filed separately, and that it should be classified in accordance with the diagnosis in order that the grouping of similar cases may be conveniently studied and the results easily obtained. The clinical record comprises the following forms, which include all sent to me. The assistant physician who is interested in the clinical observation of cases will probably prefer the latitude allowed by a plain sheet of paper, but it has been thought best to encourage any work in this direction and all special investigation by adopting all the blanks now in use:

1. Colored paper cover.
2. Initial examination.
3. Continued record.
4. Sleep and weight chart.
5. Ward notes.
6. Temperature chart.
7. Urinary chart.
8. Blood examination.
9. Blood chart.
10. Eye examination.
11. Ear examination.
12. Gynaecological examination.
13. Mental chart.
14. Autopsy record, which is to include such diagrams as may be needed.

To these forms may be added the blanks for labeling specimens and for prescriptions. It is suggested that the prescription blanks may be used by the physicians and after having been copied in the prescription record, may be pasted upon the blank of the clinical record.

For the classification of clinical records, the suggestion is made that the decimal system used in card catalogue libraries

Monthly Conferences

adopted. The records may be divided into nine general classes, numbered as follows:

100. Infectious diseases.
200. Respiratory system.
300. Circulatory and genito-urinary and blood.
400. Digestive system.
500. Constitutional diseases and organs of motion.
600. Nervous diseases.
700. Mental diseases.
800. Surgery, gynaecology and obstetrics.
900. Dermatology, ophthalmology, otology, and other special departments.

This permits nine sub-groups under each one of these divisions and also nine classes under each one of the sub-groups. For instance, diseases of the brain may be the seventh sub-group, under diseases of the nervous system, and cerebral syphilis may be the seventh sub-head under diseases of the brain. All cases of cerebral syphilis will consequently be filed under the number 677.

II. Forms comprehending the reports of the various departments of the institution.—The reports of the various departments of the hospital have been so arranged that there should be one daily report from each department, and these records may be summarized in reports of the heads of departments and the whole may be incorporated in a general daily summary which will show at a glance the operations of the hospital for the day. This group includes the following reports:

1. Attendants' ward report.
2. Night attendants' report.
3. Supervisors' report.
4. Assistant physicians' report.
5. Woman physician's report.
6. Plumber's, carpenter's, painter's and other mechanics' reports.
7. Engineer's report.
8. Night watchman's report.
9. Cook's report.
10. Butcher's report.
11. Baker's report.
12. Steward's report.
13. Matron's report.
14. Summary of reports.

Upon all of these reports room has been given for the leave of absence of employees and officers.

Monthly Conferences

15. A special monthly blank for the summary of absences duty.

16. Monthly return of patients.

To these might be added a small slip upon which each supervisor might report any admission, discharge or transfer occurring in his or her department. This record could then be transferred to a census-book, such as is used in the St. Lawrence Hospital, and this would prove a check against error in the enumeration of patients.

III. Forms relating to employees.—The forms relating to employees include:

1. Instructions to applicants (which may be later officially agreed upon).

2. Application blank.

3. Certificate of qualification.

4. Notification to accompany certificate of qualification.

5. Notification of appointment.

6. Index card of employees.

7. Notification to the steward or treasurer to pay off an employee.

In explanation of these forms it may be said that the reports are supposed to include all absences and resignations and that thus these transactions between employees and the institution are brought to notice in the regular channels, through supervisors and heads of departments.

IV. Forms used in the steward's department and the various departments more or less under his direction:

1. Steward's order.

2. Request for quotations.

3. Storekeeper's report of goods received.

4. Dietary for the week.

5. Special dietary.

6. Kitchen requisition.

7. Weekly requisition.

8. Clothing requisition.

9. General requisition.

10. Ward laundry list—men.

11. Ward laundry list—women.

12. Laundry list—staff.

13. Steward's order to undertaker.

14. Steward's order for work.

15. Weekly receipts at the kitchen.

V. Forms used by the treasurer.—These blanks should be submitted to one of the State hospital treasurers for decision.

Monthly Conferences

VI. Miscellaneous forms:

1. Letter-heads.
2. Superintendent's memorandum.
3. Card for general visitors.
4. Card for correspondence and visits to patients.
5. Usher's card.
6. Notification of meeting of managers.
7. Apothecary's seal.

In addition to the above forms, which I believe include all needed for general use, I respectfully submit that a large number of forms have been used by the Manhattan State Hospital which can not be appropriately classified with the blanks used in the other institutions of the State.

As far as I am able to judge from the forms sent me, all that is required in the way of records is included in the above classification, although some institutions may not need all. In the samples sent me I found no blanks referring to training schools, and none are included.

Respectfully submitted,
(Signed.) J. M. MOSHER.

Dr. Blumer approved of the report, and moved its adoption in its entirety, as he thought that was the only way it could be thoroughly tested. The test of experience was the only reliable one under the circumstances, and it has seemed hopeless to secure the attainment of uniformity under the operation of the old committee. He was a little dubious about the substitution of the record proposed for the old case-book, but he was quite willing to make the experiment, and if it proved a failure it would be very simple and easy work to go back to the old form of reporting cases.

The chairman asked what he would say to adopting the recommendations and continuing the case-books, if the hospitals desired to until such time as they thought they could be safely abandoned. If he had a proper conception of the case-book, he considered it almost a useless appendage.

Dr. Blumer concurred, and thought the tendency of the case-book was to encourage the recording of non-essential facts in a patient's history, as a great many cases contain much vapid and inane matter. If they could approximate the methods of a general hospital, it would be better for the assistant physicians, and he could see no reason why the two records should not be kept up for a season. The demands are not so great at any of the State hospitals that it would cause hardship.

Monthly Conferences

Dr. Howard said that the adoption of a form has more to do with the working of a department than almost anything else in the institution. The employees in that department learn to what is required to enable them to fill out a form, and if the forms recommended are adopted, it may necessitate the giving up of a good many pet notions relative to what is important in work and in the industrial departments, etc. He therefore thought it important that this matter should receive further attention.

The chairman stated that the law was arbitrary, which required the Commission to prepare and adopt uniform blanks for the use of all of the hospitals, and they had been violating the law up to the present time; they were now trying to conform with it, but at the same time they desired to respect the opinions of the superintendents. The latter, however, were not asked to take the responsibility of adopting the forms as the Commission would do that, but what the Commission wanted was the experience of the superintendents and their opinions. There were conditions in the Manhattan hospital which did not exist elsewhere, and they may be adopted for the use of other hospitals, if they have the need for them.

A lengthy discussion followed upon the merits of the report and particularly upon the question of substituting the case-blanks for the plan suggested.

Dr. Howard moved that a united effort be made to secure repeal of the law requiring the Commission to adopt uniform blanks, as not being for the best interests of the State.

The chairman stated he could not entertain that motion now.

Dr. Macy said that as many of the superintendents had not the opportunity of ascertaining whether the blanks would fully cover their needs, he thought it would be a good plan to have a set of them sent to each superintendent. He also asked if the adoption of this report would prevent the hospitals from having special blank books for such special information as they wanted to keep on the wards.

The chairman said he was sure it would, unless they were adopted as a part of the uniform system. They could not have one form for one hospital and another for another. There was no reason why they should not be uniform, as the same conditions and requirements substantially existed in all hospitals.

Dr. Mosher explained that every specific feature that had been mentioned by the superintendents had been provided for in the forms.

The chairman stated that the Commission would have a set of the forms and a copy of the report sent to each superintendent.

Monthly Conferences

ent, and give him a specified time to send the Commission his opinions and suggestions, and they would be properly considered before the forms are formulated and finally adopted; that concessions would be made, and if the superintendents could show that there were certain things not included in the forms that were absolutely necessary for the benefit of the hospital or to administer it properly, they would unquestionably be adopted.

Dr. Pilgrim stated that the report as a whole was admirable, and his only criticism was in regard to eliminating the case-book. He was unalterably opposed to that, as he had tried it and knew it would be a failure.

Dr. Wagner had a painfully clear recollection of the annoyances that were incident to the use of the individual case records at Utica, and with Dr. Pilgrim was unalterably opposed to doing away with the present case-book. He thought the report an admirable one, and reflected great credit upon the maker.

Dr. Blumer substituted for his previous motion that the report be accepted, and that copies of it with the forms attached be sent to each superintendent before adoption. Carried.

The chairman called attention to the fact that some of the hospitals had exceeded the \$100 per year which had been allowed for medical books and journals, upon the ground that it was not large enough, although quite a number of them had not reached the maximum allowed.

Dr. Blumer said that at Utica the greatest difficulty was experienced in keeping up the various journals; \$100 for the tools of one's profession was out of proportion to the tools allowed the mechanical departments.

The chairman suggested that the amusement fund appeared to be excessive in some hospitals, and if that was reduced, there would be no difficulty in raising the other.

Upon motion, the sum of \$200 per annum was made the maximum of expenditure for the purpose of medical books and journals.

Dr. Blumer reported his efforts in obtaining information relative to the importation of the Beyer products, and read the correspondence he had received. It seemed to him that if the State of New York could purchase these products, either direct from Germany or through Canada, there would be a very large saving in the cost of drugs. The amount of sulphonal used at the Utica State Hospital from August, 1896, to July, 1897, amounted to \$231.25. The same amount could be bought for one-quarter that amount, if imported.

Dr. Pilgrim referred to a circular issued by the manufacturers of Carnogen, stating that the president of the Commission was in favor of its use.

Monthly Conferences

The chairman stated that he had informed the agent that, if superintendents wanted Carnogen the Commission would not object to it. He did not condemn the purchase of it, but he did disapprove of the use of preparations that could be as well manufactured in the hospitals. He thought there was sufficient experience to show that the glycerite of bone marrow was fully as effective as a haematic as the special preparations with proprietary names.

The conference adjourned for the consideration of hospital estimates.

SEPTEMBER CONFERENCE, 1897

Proceedings of conference of representatives of State hospitals with the State Commission in Lunacy, held at the Capitol, Albany, on the 29th of September, 1897.

Present.—Commissioners Wise, Brown and Parkhurst; Superintendents Blumer, Utica; Macy, Willard; Pilgrim, Hudson River; Talcott, Middletown; Hurd, Buffalo; Wagner, Binghamton; Mabon, St. Lawrence; Howard, Rochester; Dewing, Long Island; Macdonald, Manhattan.

The president of the Commission, chairman ex-officio.

The chairman called attention to changes that had been made by the Commission in the statistical information required for the year, and particularly to changes in the classification of insanity that were made in addition to those recommended by the committee. He said there was an opportunity for criticism and probably for change. The old classification had mania acute, and mania sub-acute, which was considered an artificial distinction and not sufficiently definite, and the practice of division was not uniform. All are acute, and the difference is only in the degree. A number of the superintendents present have criticised it. We have now changed it to mania acute delirious, mania acute, mania chronic. Sub-acute melancholia has been eliminated, and melancholia acute and melancholia simple substituted. Now sub-acute melancholia is not recognized by any authority, but simple melancholia is, that is, depression without any fixed delusions. Paranoia was introduced by the committee on classification. The old classification contained epilepsy, and epilepsy with insanity has been substituted, as we do not recognize epilepsy alone.

Dr. Pilgrim inquired if epilepsy assumed the form of insanity, such as melancholia associated with epilepsy, how it should be reported.

The chairman stated that it would be proper to report it as epilepsy with insanity. Epilepsy is frequently a mere incident and

Monthly Conferences

has no relation to the case, that is, no causative relation. In the old classification there was imbecility, we have now made it imbecility with maniacal attacks, so as to make a distinction between the condition of imbecility alone and imbecility with insanity, as this distinction is made by law. Idiocy is retained, to designate idiots who are improperly admitted, and then finally "not insane," which would include cases of alcoholism and drug habits of various kinds.

Dr. Howard suggested that epileptics, imbeciles and idiots be left out entirely and classed in the forms of insanity in which they are.

Dr. Hurd thought confusion was apt to occur in the conception of primary dementia, as some are going to apply it to dementia and some to stuporous melancholia, unless there was a definite understanding.

The chairman thought there was no more reason for paranoia than for katanonia and stuporous melancholia, which is really an acute form of melancholia. It is at any rate a question how far we are to go to distinguish special forms of insanity, and thereby incur the loss of simplicity in the classification. It could be made just as complicated as they pleased.

Dr. Pilgrim inquired what the object was in making this temporary change this year.

The chairman stated that it was considered to be a temporary condition before; that he and several of the superintendents met the president of the Commission, Dr. MacDonald, in Niagara Falls, and it was distinctly understood that a classification should be made by that committee that would do for a year, but it has gone on for seven or eight years without change. Even if it be only a temporary classification, some reason ought to exist for it.

Dr. Mabon called attention to the fact that the reports from the various hospitals gave many more cases of primary dementia than could possibly exist, recognizing the term as they did, and he felt that it would lead to confusion.

Dr. Pilgrim suggested that a committee be appointed to report within two or three weeks, but the chairman stated that a committee had been in existence for three or four months. There was no better authority than the men in the conference, and it ought not to be admitted.

Dr. Mabon stated that primary dementia was one of the rarest forms of insanity, and it was generally admitted by the superintendents.

It was the sense of the conference that assistant physicians should be cautioned against the use of this term, except in well marked instances.

Monthly Conferences

Dr. Mabon, from the committee on crockery and glassware submitted the following report:

Your committee would report that a meeting was held at the Rochester State Hospital, September 17th, when all the members were present. At our invitation Dr. Howard, who had previously investigated this subject, aided us by advice and suggestion.

Before taking any steps toward making a contract it seemed necessary to settle all details as to kinds, sizes, styles, etc., of the articles which should be contracted for.

It was found that the report on crockery, which we were to take as a guide, was not as complete as was desirable, and the experience of the hospitals during the past year leads us to believe that some changes should be made. It is so evident that these changes should be made before a contract is entered into, that the committee confined itself to the consideration of the changes which it believes should be made.

Upon the request of the chairman, the committee received from each hospital, except Manhattan, a statement showing the amount of crockery used during the past year. The statements, when tabulated, present the following results: (Figures indicate dollars.)

Monthly Conferences

CROCKERY.

	Middletown.	Willard.	St. Lawrence.	Buffalo.	Rochester.	Binghamton.	Utica.	Hudson River.	Long Island.
Plates.....	60	585	108	97	144	96	75	285	285
Bowls.....	30	486	67	33	60	133	300	145	183
Platters.....	3	22	4	.....	3	18	12	8	13
Jugs.....	23	15	15	11	144	50	.....	32	33
Butters.....	3	18	2	2	5	.....	4	.....	10
Butters, ind.....	3	18	2	2	5	.....	.....	.....	260
Fruit saucers.....	36	150	4	100	163	36	220	30	183
Fruit saucers.....	42	27	81	124	96	.....	.....	.....	18
Sugars.....	2	27	1	5	4	.....	.....	.....	17
Vegetable dishes.....	8	.....	88	.....	.....	24	16%	.....	457
Coffee cups.....	110	486	405	178	156	238	400	275	17
Saucers.....	122	695	209	113	120	258	.....	.....	17
Wash bowls.....	2	4	4	7	3	.....	.....	.....	457
Wash pitchers.....	2	4	4	7	3	.....	.....	.....	6
Salt cellars.....	1	2	3	5	6	.....	.....	.....	5
Soup plates.....	1	4	.....	.....	.....	.....	.....	.....	.....
Soup jars.....	1	4	.....	.....	.....	.....	.....	.....	.....
Oval bakers.....	114	.....	2	.....	.....	.....	.....	.....	.....
Mustard cups.....	30	.....	3	7	5	.....	12	5	45
Chambers.....	1 1/2	.....	11	51	5	.....	3	3	.....
Sauce boats.....	27	.....	.....	29 1/2	13	.....	.....	18	18
Nappies.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

GLASSWARE.

Tumblers.....	253	490	534	157	662	144	250	185	418
Vinegars.....	.....	30	.....	12	5	6	.....	.....	7
Fruit dishes, 10-in.....	.....	.....	.....	1	5	.....	.....	.....	.....
Salt and peppers.....	.....	72	4	24	24	.....	13	.....	23
Water bottles.....	.....	.....	5	5	5	.....	.....	.....	.....
Syrup jugs.....	.....	51	4	7 1/2	6	.....	3	.....	2
Medicine glasses.....	.....	12	.....	84	10	30	.....	.....	24
Spoons.....	.....	18	.....	.....	.....	.....	.....	.....	.....
Butter dishes.....	.....	.....	.....	.....	.....	.....	.....	7	.....
Cracker jars.....	.....	.....	.....	.....	4	.....	.....	4	.....

Monthly Conferences

This table shows surprising difference in the amount of ery used by the different hospitals—differences which cannot entirely accounted for by differences in population.

Some of these, we think, can be partly accounted for from fact that in hospitals reporting the greater quantities a grade was used, and partly by the shape of the articles used.

Taking up the former report, we would suggest and recommend the following changes:

Quality.—All crockery should be American, vitrified ware, selections, and no other quality should be used. No kind of ware is recommended for table use.

Sizes—Jugs.—We recommend three sizes, 30s, 12s and about 1 quart, 2 quart and 4 quart capacity.

Butter dishes.—Recommend that covered butters, with strainers, be allowed for some of the best tables.

Fruit saucers.—Recommend round instead of square.

Cups and saucers.—Recommend that the shape be changed to "Saxon" or "Philadelphia," with saucers to match. No cups is a fruitful cause of breakage.

Chambers.—Recommend size 9s, unhandled, uncovered.

Soap slabs.—Plain, oblong shape.

Sauce boats and gravy boats.—Recommend using these instead of bowls for this purpose. Should be oblong in shape, with covers or handles, and spoons used for ladles.

All articles of crockery, except jugs, should be without handles.

Glassware.

Tumblers.—The committee recommend a strong, white, glass tumbler, with straight sides, $3\frac{1}{4}$ inches by $2\frac{1}{2}$ inches, glass bottom.

Water bottles.—We recommend using heavy, ribbed, water bottles, holding about two quarts, instead of pitcher water.

Vinegars.—Glass bottles with glass stoppers.

Syrup jugs.—Glass with metal top, handled.

Cracker jars.—Glass jars, straight sides, glass covers.

Celery glasses and spoon holders.—Heavy glass.

Water bottles, vinegars, syrup jugs, cracker jars, celery glasses and spoon-holders should be of a uniform style.

Salts and peppers.—Strong, restaurant style recommended.

The committee recommend that, when these and other dishes as to styles and sizes have been considered and acted upon, a contract be made with some pottery to supply all the institution

Monthly Conferences

one year, and another contract be made for the glassware. We consider this entirely feasible.

When this is done, we recommend that each article of crockery be stamped with the words "State hospital," or the initials "S. H."

These recommendations are reported to the conference for approval before proceeding further.

He further stated that they had made some investigation of semi-vitreous ware, and were led to believe that it was as cheap and perhaps as durable as the American vitrified ware, but he was not prepared to report finally upon it, and would ask for suggestions from the conference.

Dr. Pilgrim inquired what he advised instead of agate ware, which he thought was most abominable, but was needed in some degree for disturbed patients.

Dr. Mabon recalled that some hospitals used no agate ware at all, and used only vitrified ware. The agate ware will sometimes chip the first time it is used, and will become discolored and rusty. He also stated that it would be impossible to make a contract for glassware with manufacturers, but a contract could be made with dealers, who would make the best price. The pottery manufacturers would not make a contract for a single institution, but would for the State at large.

On motion, the report of the committee was accepted and ordered printed, and the committee continued.

Dr. Mabon asked for instructions in the matter of commissions for attorneys who collected for reimbursing patients. It has heretofore been estimated for under a special fund, but he had been informed that it belonged properly to the general fund, and was a proper charge to maintenance. As maintenance received no benefit from it, he could not understand its being a proper charge.

Commissioner Brown explained that the point was if an attorney makes the collection say of \$100, and it is paid into the hospital treasury, under the arrangement with the Comptroller 25 per cent. was allowed for fees, costs and disbursements to the attorneys. It simply goes into the treasury; it should not be charged up to maintenance.

Dr. Howard brought up the question of the action of the State Board of Health relative to the testing of cows in the State institutions. He had received notice from them stating that they had determined through the tuberculosis committee to test the herds of all the State institutions, and he would like advice as to what attitude to bear toward this matter.

Monthly Conferences

The chairman said that the Commission would take the ground, under the present circumstances, that they could not make any expenditure for such a test. If it is done without cost to the State hospitals, they could do it, as they had the power to do it, but the hospitals could not incur any expenditure.

Commissioner Brown thought the State Board of Health had the power under the present law to condemn a herd and order them slaughtered.

The chairman thought that it was generally agreed that four-fifths of the cows they condemned and killed are harmless, at least the milk could be rendered harmless much cheaper than to go to work and kill the cattle and buy a new herd, and after the new herd is obtained, they can again go right to work and make experiments within three months time and get practically the same results.

Commissioner Brown was certain that they could not go to a State hospital and incur an expense to the hospital of having these cattle examined. That was quite a different proposition.

Dr. Macy informed the conference that he was told they had funds which would enable them to test herds of several of the State hospitals.

The chairman stated that he would not be willing to have a dollar wasted in a test of that kind, unless the evidence was very strong that the herd was diseased. Common-sense would seem to indicate that if the hospitals have their herds destroyed, they must go into the community and purchase their milk, and would get milk from tuberculous cattle, if they did it. There is no relief to the hospitals by this destruction of cattle, unless they buy condensed milk. Suppose the State Board of Health, with their powers would consider it necessary to test these herds four times a year, and have four slaughtering periods a year for cows. Of course they would find substantially at the end of three months just about the same results they had found before. It makes no difference whether a cow added to the herd is a tested one or not. If that cow is put in the herd, the chances are very great that in the course of a few months a test would show a reaction.

Dr. Blumer stated that he thought the State Board of Health conceded its financial responsibility in the matter from the fact that last year he had occasion to request an examination, and found the authorities at Syracuse very loth to make it, for the reason that they had very little money available for the purposes of reimbursement, and feared that the examination would be such as to lead to the slaughter of the cattle, in which case they were not prepared to refund the necessary amount.

Monthly Conferences

man stated he had given this matter attention, and at authority he could get he gathered that unless the growths were found in the milk ducts, the milk was safe if they are in other parts of the body, they are not the milk excretions. The milk, even from tuberculosis, can be sterilized and pasteurized without a great deal of trouble and made entirely harmless. After they slaughtered Willard some eleven or twelve years ago, they kept the herd free of tuberculosis in the herd, and had just as much after-fore. After putting in a new herd, there was no diminution of the disease.

Dr. Hodge called attention to the fact that Hodge, one of the authorities on children's diseases, says that the danger is very great to children.

Dr. Hodge said to the conference, that he had been spending a year at that time in looking over the estimates, and had struck him forcibly, which was the difficulty of co-operation between the hospitals, and of making information available, so that they could be used by stewards and assistants, except the superintendent, and this very often against the superintendent. To meet this difficulty the auditor of the commission had suggested a scheme for making a book alphabetical. The objection to that proposition was that it was expensive. In regard to the circulars that are issued for the commission, he had tried during the past year to test the system in one hospital called for one issued between two and three months ago, and it took between an hour and an hour and a half; in another they could not find it at all, and in another it took half an hour. It goes to show that these reports are made after great care, such as Dr. Mabon has taken in the past, and for which superintendents have spent several months, have traveled hundreds of miles, and spent time and money, and have been filed away and forgotten, and it does not change the system of the hospitals in many instances at all, and in some instances slightly. It occurred to me that if some system could be adopted that would make this information available and accessible, such as the card catalogue system, and if Dr. Blumer could get the printing plant by putting in the means at slight cost, and if the hospitals should all be provided with files designed for that purpose, cards could be issued printed from this system with the information upon them, and sent around to all the hospitals. On the part of the hospitals there would be no need to put in the card, file the cards received, and these would be available by the steward, superintendent or anybody else for this year but for ten years hence. They would

Monthly Conferences

not get filed away and lost, as most of these things are. He stated he was so much interested in it that he would be willing if the conference authorized him, to burn the midnight oil in putting up the design, and would say at that time that he had a conference already with the Library Bureau, who were willing to put in the necessary files, holding 15,000 cards, and would probably hold 15,000 or 20,000, for \$26 each, which was just about the price. The great trouble had been that circulars and information which had been sent to the hospitals in large numbers was not properly indexed, and consequently was not looked up and consulted in making out estimates for the reason that the trouble is too great and it takes too much time. If they had a simple printed card, which they could put their fingers on in a few seconds, they would undoubtedly do it. Another purpose of such a file would be for the record of experiences. A superintendent frequently has an experience which he has to pay for, because no experience is received free of charge in this country in public life, but it may be of a nature which appears to him too trifling to present to the conference. In this case he could make out a copy and send it to the printer, where it would be printed and distributed to the several card catalogues, and forever after capable of being referred to. He suggested that some member of the conference might know of a better way. The object to be arrived at is to get the information and statistics that will be of use to superintendents and stewards, made available in the best manner. The use of it could be spread indefinitely. If the auditor had a revision that he was going to make generally, and wanted to have all the hospitals know it, it would be put on a card, with reference to soap, it would be placed under the head of soap, given its date and go to the several hospitals in that form. Naturally it would be condensed as much as possible. The principal matters determined upon at these and the stewards' conferences could also be filed in the same manner.

After a further discussion of this plan, the chairman was authorized on motion to prepare the scheme, and the power was conferred upon him.

Dr. Mabon said that the general finance law provided that an inventory should be sent to the Comptroller of the supplies by the last day of the fiscal year. This report should be made to him before the 15th or 20th of October. Another provision was that all institutions, mentioning the State hospitals, required by law to report to the Legislature shall make a statement of the amount of property, furniture and other things on hand. He would like information from the legal member of the Commission whether this would mean an inventory of stock.

Monthly Conferences

Brown replied that when the act was drawn the fact that the statute had been changed, refers to be made to the Lunacy Commission, as they made to the legislature. The intent, probably, that the inventory should have been made and submission. There are two clauses in section 20 of the Laws of 1897, volume I. It is an old statute, five years old. When the act was revised last year all of the old supply bill provisions and put into the practice of having inventories made has been in some cases and in some cases it has been discontinued. Now having been re-enacted by the legislature, of the public statutes of the State, it would be necessary to carry it out.

He suggested that it be taken on the first of October, if it had been issued, and it would be necessary to get it before for it. If every ward or department under consideration should be begun at a certain hour in the morning, it could be accomplished easily. In his opinion, the Commission should copy of the inventory on file in its office.

He stated that Dr. Van Gieson, the director of the State Hospital, was present and had a proposition to submit for consideration.

Dr. Van Gieson.—I would like to submit to your attention a proposition regarding the title of the State Hospitals' Bulletin. It is in a position now to give it a title that is a trifle too long and that would lead people to know what the Bulletin were to be. The title page has, I think, acted like a scientific journal; it smacks a little bit of the character of reports, which are notoriously mixed up with medical matter that everybody avoids them. We want the circulation extended, and have people able to find at the title page what they are expected to find. I have a couple of brief suggestions for a new title. One is "Archives of Neurology and Psychiatry, the Office of the State Hospitals for the Insane of the State of New York." The other is "The Psychological Institute of the New York State Hospital." The first is sufficient for a title for the cover page of this Bulletin. The other matter may be more appropriately placed inside cover, together with the announcement of the administration. I have heard the title criticised by some persons. I should like to ask that this might be discussed, and, perhaps, referred to the editorial board. It is an embarrassment, I know, to make a change

Monthly Conferences

in the Bulletin after it has been once started, but if a change to be made it should be made as soon as possible.

Dr. Blumer was disposed to regard the suggestion of Dr. Gieson with some favor. The title of the Bulletin was open to the objection which Dr. Van Gieson had so well stated, and suggested a limited scope, which he for one should be glad to accept otherwise. He took it for granted that Dr. Van Gieson intended with this new title, that it should no longer be open solely to physicians in the service of the State of New York, but that it should be a journal to which any reputable scientific writer should have access.

Dr. Van Gieson.—Hardly that, although I do not see that there is any objection to it.

Dr. Blumer said that such a title as proposed—The Archives of Neurology and Psychiatry—would certainly convey the impression that the only objection that occurred to him was the apparent top-heaviness of the title. With this suggested title, however, would be conveyed to the ordinary reader a much wider scope than the State Hospitals' Bulletin now suggests. He approved heartily of changing the cover, which appeared to him to be the subject of a number of objections. A good deal is there stated that might be more appropriately stated in very small type in the cover. It might also have a note somewhere to the effect that the journal does not bind itself to appear with any regularity but is dependent upon the enterprise of its contributors.

Dr. Pilgrim thought that it ought not to lose its individuality by having it appear on the title as a general magazine or periodical. It was always unfortunate to change the title of a journal after it has once become well-known under a particular name. It seemed to him that the Bulletin is now known as the Bulletin pretty thoroughly, and it would take a year or two to make it known as the Archives of Neurology and Psychiatry. If it had been done in the beginning it would have been a good thing, but now it appeared to him unwise.

The chairman thought that the Bulletin had grown into more importance than was predicted when it started. It was not as a very modest effort to bring the medical service of the State into a unity of performance, but it was not expected that it would take the wide scope that it evidently is going to, if it has not already taken. It was looked upon very largely in the light of a report, and that was one reason why the name "Bulletin" was adopted. He now agreed that with several years' experience improvement could be made in the title to make it more attractive and do no harm; but he agreed with Dr. Pilgrim that

Monthly Conferences

had received very wide commendation, and had dealt of attention, and possibly any change in tard it for a time, unless it was shown, and he to be shown upon the title page, that it was State Hospitals' Bulletin."

suggested that the character of the publication ed in the major title by the addition of the words h as the "New York Archives of Neurology and

ved that, inasmuch as the editorial committee of emed not to agree as to whether the change was ter be deferred until they could make a unani- report in favor of such change, and that the d until the next conference. Carried.

alled attention to a table that had been adopted on, which had grown out of a recommendation on statistics of the American Medico-Psychon. The object of this modified table was to of treatment in the curable forms of insanity, modified slightly from that prepared by the ouch the speaker was a member. Criticism at would be in order, as undoubtedly all of the had seen the table. It was reasonable to sup- means of comparison between the results in one ther should be made, it should be made upon me basis. Under past statistical requirements, ere transferred from the Hudson River to the

Hospital, they would be entered in the sta- titution as admissions and in that of the other at any percentage of recoveries based on admis- the average daily population, would take these unt as if they were original admissions. This urable forms of insanity that were present at the year, divided into sexes, those admitted dur- two combined making the whole number under he end of the table it gives those remaining at iscal year, as well as those that have changed -become chronic, for instance. So that in this rement of population in the hospital as regards nsanity is shown. It eliminates all those cases o be incurable when admitted, and will give a f the hospital results.

Brown called the attention of the conference to l been made to import the Beyer drug products, eemed a most soulless thing that the people of

Monthly Conferences

the State should be compelled to pay hundreds of per cent. profit without getting some relief, if possible. He also quoted from a letter from Dr. Talcott, in which he says: "We have at present several patients between sixty and seventy years of age that we would like to discharge this month as recovered," and said that the law was perfectly clear that State hospitals can not discharge an unrecovered case back to a poorhouse; but any superintendent that has a case he is willing to certify as recovered can do so. The superintendents of the poor can be compelled to take them upon such certificate, and, if they do not do so, and the case is reported to the Governor, it would furnish a cause for their removal from office. At the Utica State Hospital a record had been kept of eighteen cases which had not been received but which had been certified by the court in the space of four months. If that ratio were kept up, it would amount to fifty-four cases in a year for that hospital, and if the same ratio were maintained throughout the State, it would be over 1,000 cases in a year. Dr. Blumer reported that he had not experienced any difficulty in the matter, but that he had simply sent his assistants where he had reason to believe that it was attempted to send a case to the hospital which should not be admitted, and the matter had been arranged without difficulty. He had kept a separate book in which the reasons are fully set forth in each case for its refusal to receive the patient. The matter of receiving a patient must finally be determined by the superintendent, and his decision was really higher than that of a court, and that had been recently decided in New York, in the case against Dr. Macdonald, where they sought to mandamus him to receive a case which he had refused to receive, on the ground that the case was not insane within the meaning of the statute. They not only had the statute, but the judgment of the Supreme Court of the State, and it is to be hoped, therefore, that this matter will receive most careful consideration. If, on that basis, 1,000 cases are unnecessarily received, it would mean \$500,000 in buildings, to say nothing about the average of the insane life for which these patients have to be maintained.

Dr. Blumer stated that he had not experienced any difficulty in the matter of these cases; on the contrary, he had had certifying physicians apologize to him after they had attempted to send a patient that was, in the opinion of the superintendent, an improper case. Only yesterday one of the certifying physicians came to him and asked that he might be excused for having signed the certificate, and that he realized at the time that it was an unfit case, but that pressure had been brought to bear upon him by the relatives and the other certifying physician.

Monthly Conferences

in which the patient is stated as being sixty years of age, he sent an assistant physician to examine the patient. In all cases where it was stated as the alleged cause of the insanity that he had been addicted to drinking, he also sent an assistant physician. By reading the petition carefully and the certificate, he thought one could get a very fair idea of a case it was and if an error is to be made it should be made on the safe side; therefore he had sent

Mr. Brown stated that the Commission would soon visit the hospitals to ascertain the number of idiots, and the attendants should be careful that in the cases which come before them there should be no reasonable doubt. The statute provides those cases from care and treatment in a State hospital. If you have cases of that kind, simply discharge them and let that appear upon the record, and then notify the authorities that they must receive them. It must not be a reference whether they have any means for caring for or not; the law excludes them from the State hospitals. If the hospitals have difficulty with the local authorities regarding them, the attorneys should be notified, and he would like to say that not the slightest difficulty would be experienced when the law was pointed out. The same applies to the insane.

It is clear that an epileptic, as such, cannot be committed to a hospital for the insane, but if he is insane he can be committed. It is known that in the old regime everything and anything was received, and the superintendents took the ground, that it was some sort of right, that the commitment of a court was necessary to receive a case. Of course, since that time the law has provided that the superintendent should determine, and there are no longer any complications in that direction.

Mr. Brown reported that during the last summer he had the opportunity to visit four hospitals in Massachusetts, three of which were for the acute insane and one for the chronic. He spent considerable time in each one of them. In his opinion, the hospitals he found they were very far superior to the hospitals in New York State, and he had never witnessed any such care of animals as they had given there. He was particularly impressed with the care of the hogs, and the cattle also received a great amount of attention which he regarded as meritorious. However, that in the care of the insane the best of the State did not compare favorably with the poor of this. He was led, at the same time, to give some consideration to the cost of maintenance, and found that in the State

Monthly Conferences

hospitals of Massachusetts last year the average cost of maintenance was \$167, or about \$20 less than the cost in the State of New York for the fiscal year ending 1896. He found, also, that the number of attendants in the acute institutions averaged about one to eleven, and the ratio of night attendants was proportionately less. He found, also, that the death rate at Danvers last year was 11 per cent. In regard to the recoveries, there was much to be said. He had spent a good deal of time in computing the recovery rate based on admissions and discharges. The result of his computation was that the recovery rate in Massachusetts, based on admissions or discharges, was just one-half the recovery rate in the State of New York; but he said Mr. Wise had called his attention to some things which might have some weight, and that was, for years the sentiment in Massachusetts was so strongly against reporting a case as recovered that the superintendents of that State were exceedingly loth to report a case as such. As far as he could see, however, the errors in Massachusetts all balanced the errors in New York. There is certainly a startling discrepancy, and he should be glad if the superintendents could explain it, as he had spent a good deal of time in going over the figures. If they are true, or only partially true, it would tend to show that the higher rate of maintenance in New York is to a large extent justifiable. He would not undertake to say that the rate of maintenance was low enough, but he thought with proper economy it could be still further reduced; but he did think it would afford some argument in favor of its higher rate of maintenance. If those figures were not to be relied upon, then our rate of maintenance is \$20 too high. If we do not do any better than they do in the State of Massachusetts—because there is no reason to doubt that the patients were well clothed and suitably provided with attendants as far as mere custodial care was concerned—then our maintenance should come down. It was known that in the State of New York the average of attendants to patients is between one and eight or nine, and the ratio of employees was very much higher than in any other State. He believed that the employees in New York, outside of attendants and those engaged exclusively in the care of patients, was about twice as high as in the State of Ohio and some other States which the Commission had examined. Therefore he should be glad to know whether the results in New York are better than in the hospitals in other States. If they had better come down to the ratio practice elsewhere, the dietary, furnishings and equipment should correspond.

Monthly Conferences

Mr. Brown again recurred to the question of the bread. He had recently inquired of Dr. Smith whether bread conducted during the summer could be relied upon for the saving of 25 per cent. on an average by the use of bread pans could be made, and he was informed that it had been verified, and could be relied upon. In hospitals visited by the Commission during the summer the bread furnished to patients almost invariably averaged three-fourths to one inch in thickness. To say nothing of the taste it was improper to require patients to eat bread as that. He found, too, that the bread was so sticky that when the patients undertook to spread butter on it, the butter rolled up in the center. If the bread was made in these pans, and the slices were cut thin, with a thin layer of butter, it would be easy to spread the butter on the bread, and the patients to eat it. The waste from bread and the cost of the bread went into the garbage appeared to be too large. In a number of places where meals were going on that were served with a thick meat soup, and the soup spilled, the quantity of meat was too large, and the waste was, in many instances, that the soup was only a little and the rest went into the garbage. This matter had been presented to the conference for consideration. A suggestion made that with an improvement in the service, a great part of this fault could be corrected. If the use of the Flint dietary is used, with flour at an average of \$50 a barrel, it would amount to \$160,000, and if it was saved 25 per cent. Smith asserts, that a saving of 25 per cent. could be made by the use of the bread pans, the saving in that direction would be \$40,000 a year, or, if it is only half true, it would be \$20,000, and it seemed to him it should receive most careful consideration.

Mr. Brown again called attention to the use of coffee. He was informed by druggists that the coffee that is served at the hospital table has not more than one-half of its strength. The fault lies in the process of preparation, and he suggested that the experiment be tried of taking a tin receptacle, and placing a wire mesh at the bottom, and straining it over with cotton. The coffee should then be made as flour, and be filtered in the usual way. He was informed that the doctors would take out every particle of strength there was in the coffee, as he had tried the experiment in his own hospital a year, and found on examining his books that the coffee by that method was just two-thirds of what it was by the old method. If that were to be applied upon a

Monthly Conferences

large scale, there would be a saving in coffee in this State \$25,000 to \$35,000 a year, assuming that the dietary as laid down was carried out.

Commissioner Brown called attention to the use of bed-spreads and stated that in going about the State the Commission found that the open-bed system was largely prevailing, especially in dormitories and the wards which were not usually visited. It seemed to him the plan was an exceedingly good one, and the Commissioners were agreed upon the proposition that it should be practiced to a larger extent, and thus do away for a considerable time with the purchase of bed-spreads, which represented a cost of \$0.80 per bed. Moreover, medical officers reported to him where this plan had been tried that they were pleased with it and stated that where the beds were made up soon after the patients got out of them with the animal heat still in the beds that sometimes the beds were warm pretty nearly all day.

Commissioner Brown called attention to the towel contracts which had been entered into the previous year for the purchase of 130,000 yards of toweling. He stated that only about 30,000 yards had been purchased, and that large quantities had been purchased elsewhere. The State was obliged under the contract to take the toweling. The toweling was worth to-day about 11 cents, while they were paying under the contract 11½ cents.

He called attention to the use of toilet paper in the hospitals and said that he had found in visiting the hospitals that the toilet fixtures were not set right in hardly an instance; that if the rolls were properly adjusted, it would not be possible for the patients to roll off all the paper, and insisted upon the superintendent taking some personal interest in the matter.

Commissioner Brown called attention to the marked discrepancy in the estimates for fresh fruit, ranging from \$75 to over \$700, and the suggestion was made that in some hospitals where they do not estimate, considerable quantities of fruit were raised. That brought up the question as to whether the hospitals put out a statement as to the probable yield of fruit for the coming month, and he saw no reason why that should not be done.

The chairman stated that he was convinced that uniform rates for anything or uniform allowances upon a per capita cost basis tended to extravagance, and he was satisfied from an examination of the vouchers that was true, taking for example the per capita expenditure for amusements and entertainments. Human nature was the same in the hospitals as elsewhere, and if employees knew that a certain sum was provided for a certain purpose, the tendency was to use it. The same remark which had been applied to the collection of stores in the store-houses applied to the

Monthly Conferences

use what you have, and if you do not have it, you
t, and in some instances you can get along without it.
ined to think from his examination of the vouchers
ents was more than they absolutely needed. If the
ents would exercise the same amount of vigilance that
h other funds, he thought that that amount would
ed. He did not propose that the allowance be dis-
that a proper amount of attention should be given
aditure, and to spending only what was absolutely

erman called attention to the use of patients to a
nt in the skilled trades, and the desirability of teach-
ow to work at the mechanical trades, in order to re-
mber of employees for that purpose. He referred to
River State Hospital, in which there were a number
engaged in the shoe shop, who never were en-
e making of shoes before they went to the hospital,
ere taught how to do it there, and it was evidence
s could be taught how to perform skilled work. In
als they have schools for teaching the ordinary school
nd it would be of more advantage to the patient and
ould get a better return if an effort was made to teach
nts some skilled employment, and thus apply their
e reduction of the wage roll. Estimate No. 2 would
attention of the Commission during the coming year,
s notice now that the superintendents are expected
e with the Commission in an endeavor to reduce it.
d an assurance that the superintendents felt in this
e did, and would work towards the end desired. He
that the individual wages paid by the State were too
ld believe that if the same attention were given
modity of labor that is given to stores and supplies, in
s that an hour of labor that was purchased by the
d receive the same careful application that a pound
of any kind received, they would find at once there
great many opportunities to reduce the wage-roll, not
but in quantity.

rence adjourned for the consideration of hospital esti-

CHAPTER 23

REVIEW OF STATE HOSPITALS

GENERAL REVIEW

OPERATIONS OF STATE HOSPITAL SYSTEM

Medical Service

INSTITUTIONS.	Number of physi- cians.	Ratio of physicians to patients.
Utica State Hospital.....	7	1 to 145
Willard State Hospital.....	11	1 to 205
Hudson River State Hospital.....	9	1 to 175
Middletown State Homeopathic Hospital	7	1 to 170
Buffalo State Hospital	7	1 to 170
Binghamton State Hospital	7	1 to 189
St. Lawrence State Hospital	8	1 to 171
Rochester State Hospital.....	5	1 to 104
Long Island State Hospital.....	15	1 to 175
Manhattan State Hospital	47	1 to 146
Total	123	.....
Average. ....	.....	1 to 162

Operations of State Hospital System

Employees

	Total number of em- ployees.	Ratio of all employees to patients.	Ratio of attendants to patients.	Annual per capita cost of all em- ployees.
.....	228	1 to 4.45	1 to 8.11	\$79 45
al.....	466	1 to 4.84	1 to 10.70	60 425
Hospital.	376	1 to 4.17	1 to 7	77 65
Homeo-				
.....	264	1 to 4.519	1 to 7.849	72 068
al.....	241	1 to 4.95	1 to 9.86	67 20
ospital..	322	1 to 4.1	1 to 7	76 62
ospital..	348	1 to 3.9	1 to 6.9	71 75
pital....	122	1 to 4.29	1 to 8.04	76 27
ospital..	585	1 to 4.48	1 to 7.33	70 309
pital....	1,311	1 to 5.25	1 to 8 25	59 65
.....	4.263	.....	.....	.....
.....	....	1 to 4.74	1 to 8.54	\$67.17

Fuel and Light

	Total annual cost.	Annual per capita cost.	Number tons consumed.	Average purchase price.
.....	\$12,864 33	\$12 69	4,591	\$2 57
al....	26,902 68	11 91	10,965	2 27
Hos-				
.....	29,801 31	18 68	9,433	2 59
omeo-				
.....	18,965 90	15 897	6,889	2 65
al....	12,350 91	10 35	8,081	1 48
ospital	19,468 64	14 69	11,079	1 71
ospital	41,950 23	31 49	11,563	3 40
ital..	11,492 97	21 99	3,672	3 04
ospital	42,792 25	16 314	12,675	2 52
pital.	83,329 59	12 12	21,107	3 54
.....	\$299,418 81	.....	100,055	.....
.....	.....	\$15 04	.....	\$2 99

Operations of State Hospital System
Recoveries — Exclusive of transfers

INSTITUTIONS.	On number admitt-d.	On average daily population.	On whole number treated.
Utica State Hospital.....	44.44	9.86	8.06
Willard State Hospital.....	18.9	2.7	2.4
Hudson River State Hospital..	27.97	8.42	6.56
Middletown State Homeopathic Hospital	40.69	7.87	7.24
Buffalo State Hospital.....	18.	6.03	4.70
Binghamton State Hospital....	27.80	5.05	4.35
St. Lawrence State Hospital...	20.13	4.50	3.81
Rochester State Hospital.....	24.04	6.5	5.04
Long Island State Hospital...	24.96	6.94	5.65
Manhattan State Hospital....	9.56	2.14	1.76
Average	21.76	4.8	3.9

Deaths — Exclusive of transfers

INSTITUTIONS.	On number admitted.	On average daily population.	On whole number treated.
Utica State Hospital.....	31.11	6.90	5.64
Willard State Hospital.....	48.63	7.2	6.2
Hudson River State Hospital..	30.72	9.25	7.21
Middletown State Homeopathic Hospital	33.83	6.45	5.53
Buffalo State Hospital.....	24.50	8.21	4.70
Binghamton State Hospital...	35.68	6.49	5.59
St. Lawrence State Hospital...	27.18	6.08	5.17
Rochester State Hospital.....	24.59	8.60	6.67
Long Island State Hospital...	27.29	7.58	6.18
Manhattan State Hospital.....	40.92	9.15	7.51
Average	36.43	8.	6.6

Operations of State Hospital System

State hospitals during the year ending September 30, 1896.

ARTICLES.	UTICA.		WILLARD.		HUDSON RIVER.		MIDDLETOWN.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound.....	\$0.0569	\$15.55	\$0.0545	\$14.756	\$0.0546	\$18.1015	\$0.085	\$16.279
Poultry.....	.10	.24	.09	.41	.12	.68	.12	.684
Butter.....	4.118	5.043	3.73	8.11	4.3433	5.9909	.12	8.257
Wheat flour, per barrel.....	136	7.818	168	8.269	17.12	9.8477	.168	8.745
Cheese.....	.099	.806	.083	.957	.0924	.091	.091	.091
Milk, gallon.....	.16	10.34	.16	7.677	11.84	8.4609	.104	9.116
Eggs.....	.123	1.703	.127	2.294	.15	4.4747	.158	8.64
Tea.....	.223	1.39	.243	.83	.2377	.8275	.241	.403
Coffee.....	.157	1.855	.167	2.894	.1785	4.1602	.153	1.791
Sugar.....	.0459	2.41	.045	2.508	.0451	2.4947	.049	2.495
Liquors, distilled, per gallon.....	2.383	.584	2.36	.195	2.6346	.7443	3.00	.233

Operations of State Hospital System

Statement showing average purchase price, etc. — (Continued).

ARTICLES.	BUFFALO.		BRIGHTON.		ST. LAWRENCE.		ROCHESTER.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.
Fresh meats, per pound.....	\$0.546	\$11.012	\$0.058	\$13.59	\$0.0625	\$15.20	\$0.061	\$10.932
Poultry.....	.1251	.606	.122	.49	.1157	.81	.127	.108
Wheat flour, per barrel.....	4.2534	5.704	4.37	5.77	4.097	6.85	4.19	6.628
Butter.....	.1707	9.004	.17	9.18	.158	8.72	.172	7.941
Cheese.....	.0948	.441	.098	.47	.10	.98	.097	.768
Milk, gallon.....	.1181	8.51	.08	8.96	.092	5.17	.137	9.473
Eggs.....	.1411	3.93	.148	8.40	.125	4.38	.136	2.681
Tea.....	.2348	1.565	.23	1.48	.229	1.14	.245	1.203
Coffee.....	.1833	2.05	.157	2.23	.156	3.09	.181	2.103
Sugar.....	.04743	2.677	.046	2.75	.0567	2.79	.045	2.538
Liquors, distilled, per gallon.....	2.472	.789	2.338	.14	2.278	.348	3.06	.134

Operations of State Hospital System

Statement showing average purchase price, etc. — (Concluded).

ARTICLES.	LONG ISLAND.		MANHATTAN.		ALL HOSPITALS.	
	Average purchase price.	Annual per capita cost.	Average purchase price.	Annual per capita cost.	Average purchase price.	Average annual per capita cost.
Fresh meats, per pound.....	\$0.0887	\$12.244	\$0.0642	\$14.50	\$0.0612	\$14.22
Poultry.....	.0936	.419	.1212	1.53	.114	.93
Wheat flour, per barrel.....	\$ 9.77	8.279	4.56	7.82	4.19	5.64
Butter.....	.1784	9.616	.181	9.18	.169	8.76
Beef.....	.088	1.028	.0986	1.04	.095	.76
Milk, gallon.....	.084	16.226	.027	24.352	.22	9.82
Eggs.....	.159	4.55	.157	5.101	.142	3.63
Tea.....	.281	818	.244	5.798	.267	1.74
Coffee.....	.185	\$ 3.87	.1813	8.736	.167	2.76
Sugar.....	.0444	2.828	.0444	2.433	.0459	2.32
Liquors, distilled, per gallon.....	2.302	.399	2.428	.156	2.504	.37

PART II

ensed Private Institution System

CHAPTER 24

Administration — Private Institutions

year the number of private institutions receives in the previous year, one institution having closed and one new institution having received a patient at Astoria. The number of patients has changed. There has been a slight increase. Patients maintained have not differed materially from the

worthy of the confidence of the public, and the judgment of the Commission, are well maintained for a class of patients whose friends evidently prefer them provided for in State hospitals, and respects the advantages obtained in private institutions as great as those in institutions governed by the State are obviously a necessity, and as such must be under supervision and control. In the judgment of the Commission, much more should be done than is now the case in occupation and diversion for these patients. It is a common objection is made on the part of superintendents of institutions to providing any kind of employment. It is believed that if the matter were properly presented, light employment would not be objected to, but would be regarded as desirable. Certainly the conditions of these institutions, with no occupation, amusement or diversion, is not a pleasant one. It is believed that a certain amount of occupation, even if it is limited, tends to aid in the recovery of the insane, and trusts that a great effort will be made in this direction. It is rare that this is not a matter to be rigidly enforced by order or recommendation that it can make, and the necessity of pursuing such a course would seem to be self-evident.

CHAPTER 25

GENERAL REVIEW

OPERATIONS OF LICENSED PRIVATE ASYLUM SYSTEM

Medical service.

INSTITUTIONS.	Number of physicians.	Physicians to patients.	Attending physicians.
Eighteen	41	1 to 20	

Recoveries.

INSTITUTIONS.	Average daily population.	Recoveries.	Percentage.
Eighteen	823	127	

Deaths.

INSTITUTIONS.	Average daily population.	Deaths.	Percentage.
Eighteen	823	73	

PART III
GENERAL HOSPITAL SYSTEM

CHAPTER 26

COMMITMENT OF THE INSANE

A system of commitment has now been in force since July, 1896—a period which at the time of writing this approaches two years. At the time of the passage of the act, it was believed by many sincere friends of the insane that its operations would be unfortunate. Such, however, has not been the case. One of its strongest opponents, Commissioner MacDonald, now states that he believes as a whole that its operations are beneficial, and that the hardships anticipated have been felt. It is true that there has been some agitation or sentiment in favor of allowing the insane to be admitted as formerly for a few days without a commitment. The Commission, however, as a whole sees no need for a modification of this statute. It believes that the result from such a course would be greater than the evils which could possibly be derived.

Before the act was made previous to the enactment of this statute, a large number of cases were admitted to the State hospitals. Many of these, speaking, were not insane, at least were not so insane as to be unable to live outside at their homes or with their families. Experience during the past year would seem to give some color to this statement, as either insanity is not so common as the new methods of commitment appear to keep the number of persons who, in the opinion of the courts, require to be committed for subjects for care and treatment in a hospital for the insane. While during previous years it has been usual to have an annual increase in the number of commitments amounting to 200, there was an actual diminution in the number of commitments amounting to 250, or a total diminution from

Commitment of the Insane

what normally might have been expected of 450. It is too early at this time to pronounce decisively upon this subject. The experience of a few more years will be needed to confirm any judgment which might now be formed.

Some difficulties have arisen during the year from the refusal of some of the State hospitals to receive patients who had been adjudicated insane by the courts, as the statute now authorizes the superintendent to refuse to receive any case in his judgment to be insane, even when declared so by the court. This action of the superintendents has led to some resentment, but on appeal to the courts in several instances the decision of the superintendent has been affirmed in each case. There is no doubt of the wisdom of this statute. While a person might be insane at the time of adjudication, his insanity might be the result of causes which have ceased to operate before he could be removed to the hospital. The medical superintendent must be the final judge of the condition of a patient. It is his duty to refuse to receive a person who is not insane as well as to discharge one after admission.

CHAPTER 27

Retirement of Commissioner Reeves

Commission would be remiss in its sense of appreciation not take notice of the retirement of Commissioner Henry Reeves from the Commission on May 15th last. Commissioner Reeves was one of the original appointees on the Commission was the so-called lay member—and served continuously from the time of his appointment until his retirement, a period of twenty years.

Commissioner Reeves deserves particularly more than a passing notice. In the first place, he was a man who before his appointment had seen a good deal of official life, having been a Representative in Congress and in the State Legislature, and having held repeatedly many local offices of trust and honor. He is a man of broad learning and experience in public affairs. It is true, however, that at the time of his appointment he had no previous experience or no experience in questions relating to the insane. As a layman, as he had had was confined to such observations as he had been able to give to the care and treatment of the insane in a local institution in his own county. As showing his point of view, it is only necessary to point out that he came into the Commission strongly opposed to the extension of the State system and in favor of the existing laws, which provided for a local county system. In fact, his opinions were matured and firmly well fixed. He, however, in company with his associates, Commissioners MacDonald and Brown, made an extensive tour of the State, and visited all the counties where the insane law permitted to be cared for in local institutions. After a tour of inspection covering only a few months, Commissioner Reeves

Retirement of Commissioner Reeves

voluntarily abandoned his preconceived ideas in favor of care for the insane in county institutions, and came to the support of the State system in a most unqualified manner, and from that time to this he has never wavered in his support of the humane and economical system which now prevails. During his service as a commissioner he was most devoted and unsparing in the performance of his duties. While always just and considerate, he was ever firm in the performance of his work.

The retirement of Commissioner Reeves was deeply regretted by everyone connected with this branch of the State service. In closing this chapter it is only necessary to refer to the resolutions of the board of superintendents and the board of stewards (see pp. 396, 397, 398), to show the appreciation in which he was held by both these bodies.

PART IV

SUMMARY OF RECOMMENDATIONS

CHAPTER 28

ARY OF RECOMMENDATIONS

gislation be provided for determining the number
can properly be cared for in the respective State
ap. 6, p. 59).

the statute provide that all money brought with
time of commitment shall be deposited in the
y and credited upon accounts for the maintenance
s or to be returned to them at the time of their
ap. 6, p. 59).

the statute relating to the discharge of patients
was repealed in the codification of 1896, be re-
6, p. 59).

suitable legislation be provided to enable the
enforce collections for the maintenance of insane
egally liable relatives. (Chap. 6, p. 59).

and for State hospital purposes be acquired under
ture as now followed by the department of public
t when lands are so taken, the former owners be
resent their claims for damages to the Court of
6, p. 60).

the regular meetings of the representatives of
for the insane, in conference with the commission
ery sixty days. (Chap. 6, p. 60).

the jurisdiction of the State Board of Health
ive within a certain radius of each of the State
ap. 6, p. 61).

the statute be so amended as to provide that when
belonging to the State hospitals are destroyed

Summary of Recommendations

under the regulations of the State Board of Health by reason of the existence of tuberculosis, the institutions may file claim for damages with the secretary of the Board of Claims directly, without the interposition of a special statute. (Chap. 6, p. 61).

Ninth. That an effort be made to secure an amendment to United States statutes to provide that any alien lunatic may be returned at the expense of the steamship company bringing him to this country, or of the United States Immigration fund, at any time within two years of the date of his landing. (Chap. 7, p. 62).

Tenth. That the Matteawan State Hospital for the criminally insane be made by law a part of the State hospital system. (Chap. 15, p. 249).

PART V
STATISTICS

CHAPTER 29

GENERAL STATISTICAL REVIEW

now arrived—nearly nine years having elapsed since the Commission was constituted—to consider the ad-
justing the statistical information relative to the
hospitals in some particulars. The division of as-
sailable and possibly incurable cases has been recognized
with a view to ascertaining a more exact ratio
it has been customary for the hospitals to report
for the year the transfers from one institution to
reference to this fact, thus swelling the total
admissions apparently, while really the transfers
are deducted. This has been corrected in table
actual admissions upon original commitments may
number of original commitments for the year
the number of commitments inclusive of trans-

has been remodelled to show the movement and
insane admitted during the year and under treat-
ment during the year, suffering from assumed cur-
ability. It also gives the intervals between re-
lapses of those who relapsed, with results. No proper
comparison of hospital work of institutions can be made without
in some form, for it is self-evident that any com-
parison of an average population must depend wholly
on the character of the population. This was well illus-
trated when the State Care Act went into effect. The State

General Statistical Review

assumed the charge of all the public insane and added transfers from county houses, more than 2,000 long-standing to the State hospital population, and decreased thereby the number of recoveries computed upon the daily average population of the institution increasing its accommodations considerably by receiving cases which are often of a chronic nature. The statistics of that institution as to results would not compare favorably with previous years for the reason stated. It is therefore imperative that the hospital data should show the character of the cases under treatment, in order that results may be more fully estimated. The duration of insane life of those who died during the year and as compared with those who died since admission is also shown in table No. 11. This is also modified by the character of the cases received from county houses, many of whom were decrepit and nearing the close of life. The mortality of those who were suffering from acute forms of insanity is evidence of the results of treatment, and will more accurately determine the therapeutic capacity of the hospital.

The number of committed and registered insane in the hospital on October 1, 1897, was as follows:

State hospital system.....	
Matteawan State Hospital for insane criminals.....	
Licensed private asylum system.....	
Total.....	

General Statistical Review.

increase over the preceding year may be classified as

l system.....	733
State Hospital.....	73
rate asylum system.....	7
	<hr/>
t increase.....	813
	<hr/> <hr/>

s of the foregoing statement will be found in the fol-

General Statistical Review

STATE HOSPITAL SYSTEM.

INSTITUTIONS.	REMAINING OCTOBER 1, 1896.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1897.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1897.			REMAINING OCTOBER 1, 1897.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Utica State Hospital	493	523	1,016	310	115	225	603	638	1,241	472	527	999	.....	- 17
Willard State Hospital	1,094	1,154	2,248	172	161	333	1,265	1,305	2,570	1,106	1,253	2,359	.....	11
Hudson River State Hospital	837	702	1,539	245	224	472	1,085	993	2,078	888	743	1,631	.....	92
Middletown State Homopathic Hospital	571	590	1,161	108	133	231	679	713	1,392	575	600	1,175	.....	1
Buffalo State Hospital	469	663	1,132	213	187	400	682	890	1,572	529	724	1,253	.....	121
Binghamton State Hospital	599	698	1,297	134	107	241	733	805	1,538	609	727	1,336	.....	89
St. Lawrence State Hospital	633	635	1,268	188	110	298	831	745	1,576	706	665	1,371	.....	103
Rochester State Hospital	239	252	491	92	91	183	331	343	674	370	253	523	.....	32
Long Island State Hospital	1,074	1,417	2,491	358	371	729	1,472	1,788	3,260	1,179	1,537	2,716	.....	225
Manhattan State Hospital	3,155	3,690	6,845	768	769	1,537	3,923	4,449	8,372	3,237	3,711	6,948	.....	113
Total	9,164	10,314	19,478	2,391	2,238	4,629	11,535	12,572	24,107	9,571	10,640	20,211	.....	17
Mattewan State Hospital	521	58	579	145	9	154	666	47	713	557	45	632	.....	73

General Statistical Review

INSTITUTIONS.																							
Men.		Women.		Total.	Men.		Women.		Total.	Men.		Women.		Total.	Men.		Women.		Total.	Increase.		Decrease.	
146	167	313	545	858	227	271	498	543	778	1,341	326	514	840	47	40								
Bloomingsdale Asylum																							
Providence Retreat																							
Marshall Infirmary																							
Long Island Home																							
Brigham Hall																							
St. Vincent's Retreat																							
Sandford Hall																							
Dr. Wells' Sanitarium																							
Dr. Combes' Sanitarium																							
Dr. McDonalds' House																							
Dr. Parsons' Retreat																							
Glenmary																							
Falkirk																							
Vernon House																							
Breezehurst Terrace																							
Waldmere																							
The Pines																							
Interlimes																							
River Crest																							
Total	336	497	833	227	271	498	543	778	1,341	326	514	840	47	40									

General Statistical Review

TABLE

Showing percentage of patients discharged to homes (recovered and improved) on total number of patients admitted to hospitals on original certificates, from October 1, 1888, to October 1, 1897.

	Original admissions.	Number discharged recovered and improved.
Utica	2,614	1,414
Willard	2,305	736
Hudson River.....	3,735	1,346
Middletown	2,510	1,199
Buffalo	3,228	1,425
Binghamton	1,242	622
St. Lawrence	1,893	721
Rochester	1,187	527
Long Island	4,764	1,798
Manhattan.....	14,002	4,845

SUMMARY.

Original admissions. (Excluding Long Island and Manhattan.)	Total number discharged recovered and improved.	Per cent.
18,714	7,990	42.7
<i>Including Long Island and Manhattan.</i>		
37,480	14,633	39

General Statistical Review

*Patients discharged recovered on total number of
mitted to State hospitals on original certificates,
ing September 30, 1889, to year ending September*

	Original admissions.	Number discharged recovered.	Per cent.
.....	2,614	882	33.3
.....	2,305	414	18
.....	3,735	942	25.2
.....	2,510	931	37.1
.....	3,228	940	29.1
.....	1,096	231	21
..... (m Sept. 30, 1891) ..	1,893	456	24.1
.....	1,187	241	20.3
.....	4,764	975	20.5
.....	14,002	1,602	11.4
	37,334	7,614	20.4

of the institutions in the State system ... 20.4
institutions, not including the Long
Manhattan State hospitals..... 27.1

contained in the appended tables are for the year
r 30, 1897, although a portion of them begin with
ling September 30, 1889, the Commission having
ions to that date during the same year. The sta-
medical and financial operations of the State
and the licensed private asylum system. By reason
of the medical and financial records made during
e actual results of treatment and the cost of main-
etermined with greater accuracy than has hereto-

hospitals and asylums, public and private, for the
30, 1897, was as follows:

General Statistical Review

State hospital system (exclusive of the Matteawan State
Hospital for Insane Criminals).....

Licensed private asylum system.....

Total

Total value of hospitals and asylums September 30, 1897:

State Hospital system (exclusive of Matteawan
State Hospital)..... \$20,940

Licensed private asylum system..... 2,000

Total \$22,940

Number of persons employed by hospitals and asylums
insane September 30, 1897:

State hospital system.....

Licensed private asylum system.....

Total

Receipts of State hospitals and asylums for the insane
fiscal year ending September 30, 1897:

State hospital system..... \$4,600

Licensed private asylum system..... 300

Total \$4,900

Statistics of State Hospital System

number remaining September 30, 1897, with the increase or decrease.

INSTITUTIONS.	REMAINING SEPTEMBER 30, 1896.			ADMITTED ON ORIGINAL COMMITMENTS FROM HOMES.			ADMITTED ON ORIGINAL COMMITMENTS FROM COUNTY HOUSES.			BY TRANSFERS FROM OTHER INSTITUTIONS FOR INSANE.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1897.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Utica State Hospital.....	493	523	1,016	109	113	222	17	8	25	1	2	3	602	638	1,241
Willard State Hospital.....	1,094	1,154	2,248	140	122	262	9	11	20	15	31	46	1,266	1,315	2,581
Hudson River State Hospital.....	837	702	1,539	232	196	428	9	8	17	7	17	24	1,065	926	2,011
Middletown State Homeopathic Hospital.....	571	590	1,161	101	115	216	1	2	3	7	8	15	679	713	1,392
Buffalo State Hospital.....	469	663	1,132	208	184	392	1	2	3	4	1	5	682	850	1,532
Binghamton State Hospital.....	599	698	1,297	112	90	202	6	8	14	16	9	25	733	805	1,538
St. Lawrence State Hospital.....	633	635	1,268	146	108	254	1	2	3	41	.....	41	921	745	1,666
Rochester State Hospital.....	239	232	471	82	90	172	2	4	6	15	7	22	1,439	1,763	3,270
Long Island State Hospital.....	1,074	1,411	2,485	342	297	639	1	3	4	15	15	30	3,923	4,449	8,372
Manhattan State Hospital.....	3,153	3,680	6,833	708	725	1,433	52	29	81	8	15	23	11,555	12,572	24,127
Total.....	9,164	10,314	19,478	2,184	2,080	4,214	89	67	156	118	161	279	31,923	34,449	66,372

Statistics of State Hospital System

TABLE No. 1—(Continued).

Showing the number of registered insane remaining in the State Hospitals September 30, 1896, the number admitted on original commitments and by transfers during the year, the total number under treatment, and the number remaining September 30, 1897, with the increase or decrease.

INSTITUTIONS.	DAILY AVERAGE POPULATION.			CAPACITY OF INSTITUTIONS.			DISCHARGED DURING YEAR ENDING SEPTEMBER 30, 1897.					
	Men.	Women.	Total.	Men.	Women.	Total.	AS RECOVERED.			AS IMPROVED.		
							Men.	Women.	Total.	Men.	Women.	Total.
Ulrica State Hospital.....	482	532	1,014	486	514	1,000	47	53	100	27	23	50
Willard State Hospital.....	1,106	1,152	2,258	1,104	1,166	2,270	389	24	63	35	32	67
Hudson River State Hospital.....	849	719	1,568	780	680	1,460	82	50	132	17	23	39
Middletown State Homeopathic Hospital.....	381	662	1,043	358	518	876	43	31	74	17	18	35
Buffalo State Hospital.....	357	622	979	318	518	836	31	21	52	38	33	71
Rochester State Hospital.....	612	713	1,325	603	692	1,295	39	21	60	19	14	33
Singhanton State Hospital.....	680	613	1,293	688	638	1,326	34	26	60	9	22	31
St. Lawrence State Hospital.....	260	262	522	300	280	580	16	16	32	16	27	43
Rocky State Hospital.....	1,138	1,485	2,623	919	1,134	2,053	90	92	182	44	48	92
Long Island State Hospital.....	3,181	3,692	6,873	3,612	3,077	5,619	72	75	147	199	179	378
Manhattan State Hospital.....	9,396	10,505	19,901	8,368	9,279	17,647	503	448	951	422	409	831
Total.....												
							503	448	951	422	409	831
										217	265	482

Statistics of State Hospital System

number remaining September 30, 1897, with the increase or decrease.

INSTITUTIONS.	DISCHARGED DURING YEAR ENDING SEPTEMBER 30, 1897.				DIED.			WHOLE NUMBER DIS- CHARGED DURING YEAR.				REMAINING SEPTEMBER 30, 1897.			INCREASE OR DECREASE.	
	AS NOT INSANE.*		Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.		
	Men.	Women.														
Utica State Hospital.....	10	2	12	41	29	70	131	111	242	472	527	999	.....	17	
Willard State Hospital.....	2	.....	2	71	91	162	160	163	323	1,106	1,143	2,249	11	.....	
Rudson River State Hospital.....	3	.....	3	64	81	145	197	183	380	888	743	1,631	92	.....	
Middletown State Homeopathic Hospital.....	3	.....	3	37	40	77	104	113	217	575	600	1,175	14	.....	
Buffalo State Hospital.....	20	2	22	50	48	98	153	126	279	529	724	1,253	121	.....	
Binghamton State Hospital.....	.....	.....	.....	53	33	86	124	78	202	609	727	1,336	39	.....	
St. Lawrence State Hospital.....	1	1	2	50	31	81	115	80	195	706	665	1,371	103	.....	
Rochester State Hospital.....	.....	.....	.....	17	28	45	61	90	151	270	253	523	32	.....	
Long Island State Hospital.....	2	.....	2	104	95	199	253	251	504	1,179	1,537	2,716	225	.....	
Manhattan State Hospital.....	4	7	11	310	319	629	686	788	1,424	3,237	3,711	6,948	113	.....	
Total.....	45	15	60	797	795	1,592	1,984	1,932	3,916	9,571	10,640	20,211	750	17		

* Includes inebriates, opium habitues, etc.

Statistics of State Hospital System

TABLE No. 2.
General Statement of the State Hospitals October 1, 1897.

	Utica State Hospital.	W. H. Ward State Hospital.	Hudson River State Hospital.	Middletown State Hospital.	Buffalo State Hospital.	Binghamton State Hospital.
Date of opening.....	1843.	1869.	1871.	1874.	1880.	1881.
Total acreage of grounds and buildings.....	225	1,107	704 15	281	183	1,060
Value of real estate, including buildings.....	\$1,000 000	\$1,456,215 34	\$2,301,660 15	\$1,137,646 18	\$1,839,953 00	\$855,000 00
Value of personal property.....	\$37,000	\$224,808 56	\$208,372 37	\$91,200 00	\$81,178 44	\$160,000 00
Acreage under cultivation.....	130	750	600	210	70	760
Receipts during year:						
Balance in hand October 1, 1896.....	\$3,893 32	\$3,928 59	\$2,813 26	\$7,474 60	\$1,893 18	\$2,009 16
From State Treasury for maintenance on estimates 1 to 13 inclusive.....	168,616 62	342,888 89	301,907 87	165,297 30	203,011 82	233,302 18
From private patients.....	17,800 61	1,293 45	17,068 56	52,417 30	8,256 09	3,419 53
From reimbursing patients.....	8,415 14	16,346 31	13,759 97	11,410 16	10,700 32	5,989 90
From all other sources.....	5,549 48	2,606 52	2,848 76	1,300 38	1,124 71	3,437 14
Total receipts for maintenance.....	\$204,295 17	\$367,063 66	\$335,105 16	\$230,425 14	\$223,092 94	\$246,147 75
Received from manufacturing department.....						
Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$10,777 62	\$97 00				
Disbursements during year for maintenance:						
Estimate No. 1.—For officers' salaries.....	\$16,537 61	\$30,656 25	\$19,659 17	\$16,553 51	\$16,991 06	\$16,486 25
Estimate No. 2.—For wages.....	80,715 16	136,441 79	121,743 40	85,377 08	80,189 82	101,527 43
Estimate No. 3.—For provisions and stores.....	52,504 23	115,699 92	108,276 20	74,591 11	70,583 17	64,439 73
Estimate No. 4.—For ordinary repairs.....	6,611 29	5,499 70	6,084 66	6,056 10	6,060 32	5,081 42
Estimate No. 5.—For farm and grounds.....	7,083 66	6,649 60	9,899 03	4,783 98	6,542 78	7,128 64
Estimate No. 6.—For clothing.....	6,175 86	24,234 54	11,373 09	3,077 64	8,948 09	9,980 02
Estimate No. 7.—For furniture and bedding.....	8,628 16	11,326 87	9,581 96	7,548 28	9,241 11	8,434 83
Estimate No. 8.—For books and stationery.....	1,466 23	2,421 45	2,884 97	1,227 22	1,250 58	1,884 21
Estimate No. 9.—For fuel and light.....	12,864 33	26,952 63	29,301 31	18,965 90	12,860 20	19,468 64
Estimate No. 10.—For medical supplies.....	3,544 10	2,763 12	4,984 08	3,032 37	4,066 20	1,863 00
Estimate No. 11.—For miscellaneous expenses.....	4,063 91	5,154 25	7,425 97	5,267 06	3,566 39	5,140 21
Estimate No. 12.—For transportation.....	1,498 18	3,746 87	\$,716 97	1,311 91	1,346 87	2,223 92

Proportion of day attendants to average daily population	1-7 1-56	1 to 11 38-105 1 to 79 8-15	48 8 \$23,098 15 20,116 49
Proportion of night attendants to average daily population	1-8 1-51	1 to 11 38-105 1 to 79 8-15	48 8 \$23,098 15 20,116 49
Percentage of daily patient population engaged in some kind of occupation	1-10 1-70	1 to 11.06 1 to 72.83	28 38 \$13,525 00 4,225 00
Percentage of farm and garden products during year	40 p. c. \$25,326 65	48 70 \$41,193 75	28 38 \$13,525 00 4,225 00
Estimated value of articles made or manufactured by patients during year	10,500 00	25,153 57	20,788 53

• Graycroft \$3,000.

* Graycroft \$3,000.

TABLE No. 2 — (Continued).
General Statement of the State Hospitals October 1, 1897.

	St. Lawrence State Hospital.	Rochester State Hospital	Long Island State Hospital.	Manhattan State Hospital	All Hospitals.
Date of opening.....	1890.	1891.	1895.	1896.	
Total acreage of grounds and buildings.....	990	35	888.75	1,356	6,829.90
Value of real estate, including buildings.....	\$2,296,345.00	\$274,059.02	\$3,700,000.00	\$4,561,685.59	\$19,432,552.38
Value of personal property.....	\$107,301.00	\$47,106.80	\$164,947.30	\$337,245.33	\$1,515,061.60
Acreage under cultivation.....	427	95	184	235	3,451
Receipts during year:					
Balance in hand October 1, 1896.....	\$4,073.83	\$1,302.74	\$1,901.81	\$38,311.17	\$47,607.63
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	268,718.14	114,692.73	507,211.23	1,322,753.16	3,628,389.93
From private patients.....	2,655.55	1,267.97	.....	.....	104,199.06
From reimbursing patients.....	7,494.52	5,363.17	16,224.14	6,602.11	102,795.24
From all other sources.....	2,616.56	2,961.83	3,729.27	2,401.72	27,916.37
Total receipts for maintenance.....	\$285,564.60	\$124,698.70	\$527,165.33	\$1,369,958.06	\$3,913,513.51
Received from manufacturing department.....	.....	.....	.....	.....	\$10,874.62
Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$131,178.18	\$3,850.40	\$289,111.94	\$403,892.79	1,414,102.84
Disbursements during year for maintenance:					
Estimate No. 1.—For officers' salaries.....	\$16,821.87	\$15,561.49	\$28,714.42	\$60,694.09	\$228,605.24
Estimate No. 2.—For wages.....	95,516.03	39,793.72	184,422.65	410,828.08	1,336,707.04
Estimate No. 3.—For provisions and stores.....	80,494.12	81,598.18	173,753.03	527,462.83	1,301,611.56
Estimate No. 4.—For ordinary repairs.....	5,712.78	2,183.76	10,162.95	38,081.92	91,594.32
Estimate No. 5.—For farm and grounds.....	5,125.35	7,208.49	16,009.48	18,464.19	68,825.20
Estimate No. 6.—For clothing.....	12,941.12	5,165.13	28,404.04	97,292.72	207,550.25
Estimate No. 7.—For furniture.....	9,683.01	4,304.81	17,231.39	47,617.71	138,757.77
Estimate No. 8.—For fuel and stationery.....	4,950.23	11,429.91	42,769.25	83,325.59	294,445.12
Estimate No. 9.—For medical supplies.....	2,100.95	851.50	4,567.78	13,074.51	29,445.12
Estimate No. 10.—For miscellaneous expenses.....	5,906.92	8,155.55	17,087.88	56,779.03	119,691.24
Estimate No. 11.—For transportation.....	3,873.76	280.71	968.83	87.77	19,137.60

Statistics of State Hospital System

Proportion of night attendants to average daily population.....	1-46.6	1-32,225	1-43	1 to 47
Percentage of daily patient population engaged in some kind of useful occupation.....	70.79	70,879	61 p. c.	65 p. c.
Estimated value of farm and garden products during year.....	\$28,937 98	\$12,670 01	\$20,763 85	\$24,475 66
Estimated value of articles made or manufactured by patients during year.....	19,869 58	13,131 31	31,564 17	96,700 00
				\$223,122 01
				\$24,315 46

a. The exceptionally high rate of maintenance during the present year has been due to the urgency of repairs in the recently transferred buildings of the Manhattan and Long Island State Hospitals which could not appropriately be classed under the head of Extraordinary Improvements.

b. The Collins State Homeopathic Hospital not having been opened during the year is not included in this statement. It expended for buildings and equipment and for all other purposes during the year the sum of \$135,277.17.

Statistics of State Hospital System

TABLE No. 3.

Showing the assigned causes of insanity in cases admitted during the current year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.				INHERITED PREDISPOSITION.			Unascertained.
	Men.		Women.	Total.	Men.	Women.	T. tal.	
Moral:								
Adverse conditions (such as loss of friends, business troubles, etc.)	165	241		406	54	51	105	64
Mental strain, worry and overwork (not included in above)	173	125		298	40	34	74	22
Religious excitement	43	53		96	8	16	24	7
Love affairs (including seduction)	14	33		47	4	9	13	2
Fright and nervous shock	16	36		52	1	9	10	12
Physical:								
Intemperance	458	76		534	82	20	102	94
Sexual excess	14	1		15	3	1	4	2
Veneral diseases	111	12		123	17	1	18	35
Masturbation	121	13		134	26	1	27	22
Sunstroke	53	14		67	13	3	16	4
Accident or injury	57	23		80	15	7	22	10
Pregnancy		20		20		5	5	
Parturition and puerperium		119		119		25	25	17
Lactation		14		14		6	6	1
Change of life		96		96		31	31	12
Fever	13	18		31		8	12	2
Privation and overwork	14	21		35	5	6	11	12

Statistics of State Hospital System

Statistics of State Hospital System

TABLE No. 4.

Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1897,
and since October 1, 1888.

YEAR ENDING SEPTEMBER 30, 1897.

FORM OF INSANITY.	UTICA STATE HOSPITAL.			WILLARD STATE HOSPITAL.			HUDSON RIVER HOSPITAL.			MIDDLETOWN STATE HONORARY HOSPITAL.			BUFFALO STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	2		2															
Mania, acute.....	56	41	2	63	29	10	9	57	12	3	38	27	77	27	4	81	18	1
Mania, recurrent.....	6	3		4			61	11	2	1	1	3	5	2		6	2	1
Mania, chronic.....	12	5		11		20	30	1	7	1	1	7	5	2		27	8	9
Melancholia, acute.....	62	38	12	83	20	18	125	77	14	74	47	9	111	40	8	39	22	4
Melancholia, simple.....	22	18	6				126	17					11	1		2		
Melancholia, chronic.....	16		1	34	4	11	28	2	6	10	4	11	16	1	4	41	12	6
Altering (circular) insanity.....	1		1				3						1			1		1
Paranoia.....	6						8			44	13	2	44			1		
General paralysis.....	6		13	7		9	40		19	6		3	27		20	11		15
Dementia, primary.....	1		2				2									10	2	
Dementia, terminal.....	16	15	5	82		83	77	76	76	38		43	102	2	59	47	1	46
Epilepsy with insanity.....	4		5	12		11	18	5	5	3			11		1	24	1	2
Imbecility with maniacal attacks.....	3		4				13	1	1	7			7					
Idiocy.....																1		
Not insane*.....	12		1	3			5			2			18					
Unclassified.....																		
Total.....	226	100	70	333	63	162	472	182	145	231	94	77	400	72	96	241	67	86

Statistics of State Hospital System

FORM OF INSANITY.	ST. LAWRENCE STATE HOSPITAL			ROCHESTER STATE HOSPITAL			LONG ISLAND STATE HOSPITAL			MANHATTAN STATE HOSPITAL			ALL HOSPITALS		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	1		1				5		5	10	3	6	30		19
Mania, acute.....	57	25		40	10		196	76	15	202	52	43	761	322	87
Mania, recurrent.....	3	4	2	17	7	1	44	9		33	8		30	23	5
Mania, chronic.....	3		2	1	1	2	1	6	8	1			1	3	86
Melancholia, acute.....	44	30	6	26	12	2	143	74	11	533	95	17	1,252	418	179
Melancholia, chronic.....	13	11	5	8	4	3	2			9	6	92	78	57	9
Melancholia (circular) insanity.....	18		7	15	3	3	36	5	13	140		63	354	80	180
Paranoia.....	1									4			10	1	2
General paralysis.....	21			8		1	73			15			179	13	4
Dementia, primary.....	14		9	15		6	73		62	224		1	428		287
Dementia, terminal.....	7			1			181	8	56	5	3	190	198	14	63
Epilepsy, with insanity.....	76		41	83	2	26	52	6	14	285		248	748	10	650
Imbecility with maniacal attacks.....	7		4	9		5	28		11	48		20	159	1	64
Idiocy.....	5			4			6		3	88		5	98		9
Not insane.....	1						2			11			4		
Unclassified.....	3						1								1
Total.....	296	60	81	183	34	45	729	183	199	1,537	147	639	4,649	951	1,592

* Includes cases of alcoholism, opium habit, etc.

Statistics of State Hospital System

TABLE No. 4—(Continued).
 Showing form of insanity in those admitted, recovered and died during the year ending September 30, 1897,
 and since October 1, 1888.
 YEAR ENDING SEPTEMBER 30, 1897.

FORM OF INSANITY.	UTICA STATE HOSPITAL.			WILLARD STATE HOSPITAL.			HUDSON RIVER HOSPITAL.			MIDDLETOWN STATE HOSPITAL.			BUFFALO STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mania, acute.....	76	325	85	426	189	18	57	333	24	13	53	11	468	415	1	192	12	23
Mania, recurrent.....	88	22	5	183	20	10	737	26	81	31	370	9	215	23	62	192	23	9
Mania, chronic.....	263	5	48	430	23	311	70	10	6	137	9	30	214	28	21	373	83	115
Melancholia, acute.....	915	449	86	573	180	136	1,127	492	102	798	415	61	4259	411	88	190	93	19
Melancholia, simple.....	22	18	6	...	...	...	53	26	6	...	...	...	...	...	...	...	...	...
Melancholia, chronic.....	228	18	79	351	23	80	219	19	107	65	12	40	124	11	30	308	41	79
Alternating (circular) insanity.....	11	2	2	2	...	...	2	...	...	...	...	...	4	...	...	5	...	1
Paranoia.....	6	...	...	...	...	...	49	...	...	345	108	12	14	...	...	...	...	...
General paralysis.....	163	...	165	94	...	84	250	...	...	165	114	100	154	...	150	66	...	69
Dementia, primary.....	28	10	2	...	...	...	46	23	16	14	5	...	7	3	...	54	11	9
Dementia, terminal.....	653	...	257	1,291	...	708	1,183	...	...	444	443	1	1,097	63	270	594	...	307
Epilepsy with insanity.....	144	3	40	160	...	131	227	...	39	50	...	...	15	126	6	14	146	1
Imbecility with maniacal attacks.....	28	...	4	83	...	13	143	1	...	43	...	4	...	...	...	13	...	73
Idiocy.....	63	...	36	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...
Feeble-minded.....	...	...	1	10	...	...	37	...	...	11	...	2	120	...	...	5	...	1
Unclassified.....	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	3,448	882	777	3,508	414	1,428	4,565	943	1,080	2,635	931	540	3,711	940	649	2,048	337	708

Statistics of State Hospital System

FORM OF INSANITY.	HOSPITAL.			HOSPITAL.			HOSPITAL.			HOSPITAL.			HOSPITAL.			HOSPITAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	41	...	1	306	110	1	570	5	112	10	2,341	4	91	15	53	2,087	294	1,039
Mania, acute.....	438	241	32	54	26	26	770	5	72	2,341	501	493	7,553	2,087	1,039	2,087	294	1,039
Mania, recurrent.....	40	14	3	118	4	35	518	40	42	46	247	81	125	269	183	2,087	294	1,039
Mania, chronic.....	339	5	53	115	4	35	518	40	42	46	247	81	125	269	183	2,087	294	1,039
Mania, acute.....	334	136	47	115	57	11	919	336	148	5,343	915	840	11,344	3,474	1,542	8,474	1,779	922
Mania, chronic.....	127	49	6	98	26	11	573	2	...	69	1,165	15	413	224	18	3,165	224	939
Mania, chronic.....	194	2	32	79	5	12	10	1	...	47	1,165	15	413	224	18	3,165	224	939
Alternating (circular) insanity.....	5	...	...	12	5	...	10	1	...	15	1,165	15	413	224	18	3,165	224	939
Paranoia.....	21	...	...	8	...	...	72	...	...	15	1,165	15	413	224	18	3,165	224	939
General paralysis.....	119	1	82	81	...	...	366	...	...	15	1,165	15	413	224	18	3,165	224	939
Dementia, primary.....	54	5	20	15	7	3	517	76	261	1,453	71	1,015	2,860	108	23	2,860	108	23
Dementia, terminal.....	239	3	155	306	3	155	900	16	578	1,453	71	1,015	2,860	108	23	2,860	108	23
Epilepsy with insanity.....	131	4	34	49	...	...	249	14	106	1,944	...	2,065	9,239	210	454	9,239	210	454
Imbecility with maniacal attacks.....	20	...	...	23	...	...	11	...	...	240	...	1,944	9,239	210	454	9,239	210	454
Idiocy.....	20	...	...	23	...	...	11	...	...	240	...	1,944	9,239	210	454	9,239	210	454
Not insane.....	20	...	...	23	...	...	11	...	...	240	...	1,944	9,239	210	454	9,239	210	454
Unclassified.....	20	...	...	23	...	...	11	...	...	240	...	1,944	9,239	210	454	9,239	210	454
Total.....	3,859	457	559	1,269	239	322	4,971	975	1,747	14,142	1,602	5,411	43,146	7,719	13,219	43,146	7,719	13,219

* Includes cases of a leuhoillam, opium habit, etc.

† Not recognised as distinct classes previous to this year.

Statistics of State Hospital System

TABLE No. 5.
Showing results of treatment in presumably curable cases for the current year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms:									
First admission.....	415	329	744	602	517	1,119	1,017	846	1,863
Second admission.....	27	27	54	53	33	86	80	60	140
Third admission.....	5	8	13	17	7	24	22	15	37
Mania in acute forms:									
First admission.....	197	168	365	303	333	636	500	501	1,001
Second admission.....	26	24	50	43	40	83	69	64	133
Third admission.....	11	14	25	18	21	39	29	35	64
All other curable forms:									
First admission.....	79	66	145	58	46	104	137	112	249
Second admission.....	10	13	23	6	9	15	16	22	38
Third admission.....	3	4	7	9	2	5	6	6	12

Statistics of State Hospital System

CURABLE CONDITIONS.	UNDER 3 MONTHS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		AVERAGE LENGTH OF IMMUNITY.			
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms:																		
First admission.....	5	3	10	9	11	3	5	5	3	3	7	2	9	8	3	9		
Second admission.....	1	2	7	2	4	2	3	2	1	1	1	1	2	1	1	9		8
Third admission.....																		
Mania in acute forms:																		
First admission.....			1	2				2	1	1								
Second admission.....	3	6	12	11	13	10	6	8	3	6	1	4	4	10	2	9	2	8
Third admission.....			5	3	6	6	2	3	3	2		3	2	1	1	1	1	8
All other curable forms:																		
First admission.....	1		3	3		2	1		2	1								
Second admission.....	1	2			1	1	1	1	1	1		2	1	2		8	1	6
Third admission.....														1		7		6

Statistics of State Hospital System

TABLE No. 5 — (Concluded).
Showing results of treatment in presumably curable cases for the current year.

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT ON RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	Men.		Women.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms:																
First admission.....	251	200	451	.....	.....	.....	.....	70	87	157	108	161	269	439	379	818
Second admission.....	65	38	103	1	4	.....	8	1	3	4	9	12	21	29	36	65
Third admission.....	10	5	15	.....	3	.....	2	.....	.....	.....	2	1	3	6	10	16
Mania in acute forms:																
First admission.....	161	131	292	.....	.....	.....	.....	29	41	70	59	96	155	234	240	474
Second admission.....	27	24	51	.....	6	.....	6	2	3	5	1	13	14	28	31	59
Third admission.....	8	10	18	.....	5	.....	3	2	1	3	5	14	19	9	13	22
All other curable forms:																
First admission.....	36	31	67	.....	.....	.....	.....	33	28	61	21	21	42	386	316	702
Second admission.....	5	9	14	.....	3	1	.....	3	2	5	1	3	4	87	108	195
Third admission.....	2	2	4	.....	6	.....	.....	1	2	3	2	2	4	54	59	113

Statistics of State Hospital System

TABLE No. 6.

tion of insanity previous to admission, and the period
at of patients discharged recovered during the cur-
since October 1, 1888.

PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1897.		
	Men.	Women.	Total.
.....	177	140	317
s.....	105	119	224
.....	56	59	115
.....	27	31	58
year.....	11	7	18
n months.....	11	14	25
two years.....	5	1	6
.....	4	4	8
.....	6	9	15
.....	5	4	9
.....	5	5	10
s.....	1	.....	1
.....	90	55	145
.....	503	448	951

UNDER TREATMENT.			
.....	20	6	26
.....	107	66	173
.....	128	148	276
.....	87	84	171
year.....	55	44	99
n months.....	56	49	105
two years.....	12	20	32
.....	23	15	38
.....	9	2	11
.....	1	4	5
.....	5	10	15
s.....	.....	.....	.....
.....	503	448	951

Statistics of State Hospital System

TABLE No. 6—(Concluded).

Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	1,271	1,270	2,541
One to three months	799	913	1,712
Three to six months	385	449	834
Six to nine months	232	230	462
Nine months to one year	80	86	166
One year to eighteen months	126	159	285
Eighteen months to two years	43	36	79
Two to three years	88	87	175
Three to four years	45	39	84
Four to five years	25	21	46
Five to ten years	56	54	110
Ten to twenty years	21	32	53
Unascertained	665	507	1,172
Total	3,836	3,883	7,719

PERIOD UNDER TREATMENT.			
Under one month	126	79	205
One to three months	853	649	1,502
Three to six months	1,123	1,178	2,301
Six to nine months	652	763	1,415
Nine months to one year	370	426	796
One year to eighteen months	345	397	742
Eighteen months to two years	123	136	259
Two to three years	126	137	263
Three to four years	65	55	120
Four to five years	21	15	36
Five to ten years	27	38	65
Ten to twenty years	4	10	14
Thirty-five to forty years*	1	-----	1
Total	3,836	3,883	7,719

* Long Island State Hospital.

Statistics of State Hospital System

Specific Infections Diseases:	3	1	4	39	26	65
Typhoid fever.....	.....	.....	.....	.....	.....	1
Scarlet fever.....	.....	1	.....	1	.....	1
Measles.....	.....	1	1	.....	1	1
Mumps.....	.....	.....	.....	.....	2	4
Small pox.....	.....	.....	.....	.....	63	76
Influenza.....	2	2	4	13	.....	.....
Cerebro-spinal meningitis.....	.....	.....	.....	.....	.....	.....
Diphtheria.....	.....	.....	.....	2	1	3
Erysipelas.....	2	4	6	32	37	69
Septicemia and pyemia.....	1	2	3	68	29	97
Dysentery.....	13	5	18	168	104	272
Malarial affections.....	.....	.....	.....	1	2	3
Syphilis.....	.....	1	1	4	7	11
Tuberculosis.....	92	145	287	986	1,504	2,470
Constitutional Diseases:	.....	.....	.....	.....	.....	.....
Rheumatism (or rheumatic affections).....	.....	.....	.....	1	2	3
Arthritis Deformans.....	.....	.....	.....	.....	.....	.....
Gout.....	.....	.....	.....	.....	.....	.....
Diabetes mellitus and diabetes insipidus.....	.....	.....	.....	4	4	8
Scurvy, purpura and hæmophilia.....	.....	.....	.....	.....	.....	.....
Diseases of the Digestive System:	.....	.....	.....	.....	.....	.....
Mouth, salivary glands, pharynx, tonsils and œsophagus.....	.....	.....	.....	4	1	5
Diseases of the stomach.....	1	8	9	21	43	64
Diseases of the intestines.....	17	22	39	232	326	558
Diseases of the liver.....	4	1	5	42	24	66

Statistics of State Hospital System

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
Diseases of the Digestive System — (Concluded).						
Diseases of the pancreas.....	6	3	9	39	33	72
Diseases of the peritoneum.....						
Diseases of the Respiratory System :						
Diseases of the nose and larynx.....	8	6	14	6	3	9
Diseases of the bronchi.....	62	71	133	52	56	108
Diseases of the lungs.....	2	1	3	503	497	1,000
Diseases of the pleura.....				24	23	47
Diseases of the Circulatory System :						
Diseases of the pericardium.....	1	1	2	3	7	10
Diseases of the heart.....	55	80	135	479	580	1,059
Arterio-sclerosis.....	4	1	5	14	4	18
Aneurism.....	3	5	8	7	10	17
Diseases of the Blood and Ductless Glands :						
Anemia, pernicious anemia and leukæmia.....	2		2	4	2	6
Hodgkin's disease, Addison's disease and myxoedema.....						
Exophthalmic goitre.....					3	3
Diseases of the genito-urinary system.....	38	41	79	280	329	609
Diseases of the Nervous System :						

TABLE 7.—(Continued).
Showing the causes of death of patients who died during the current year and since October 1, 1898.

Statistics of State Hospital System

	1	.....	1	6	1	7
The Intoxications; Heat-stroke; Obesity:						
Alcoholism	1	.....	1	.....	1	7
Opium habit .....	.....	.....	.....	.....	.....	.....
Metallic poisoning .....	.....	.....	.....	.....	.....	.....
Heat-stroke	1	.....	1	3	1	4
Obesity .....	.....	.....	.....	.....	.....	.....
Debility of old age	33	81	114	224	342	566
Accident	6	1	7	39	29	68
Suicide	2	2	4	46	17	63
Surgical and Gynecological Diseases and Diseases of the Skin	7	5	12	62	77	139
Malignant new growths or cancer	3	16	19	40	107	147
Total	797	795	1,592	6,889	6,330	13,219

Statistics of State Hospital System

TABLE No 8.

Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	195	156	351	1,350	1,174	2,524
Maternal branch.....	164	193	357	1,357	1,594	2,951
Paternal and maternal branches.....	28	29	57	236	254	490
Collateral branches.....	161	222	383	1,492	1,956	3,348
No hereditary tendency.....	1,389	1,195	2,586	9,058	8,722	17,780
Unascertained.....	445	459	904	8,600	7,380	15,980
Not insane.....	9	4	13	59	14	73
Total.....	2,391	2,268	4,649	22,152	20,994	43,146

Showing civil condition of patients admitted during the current year and since October 1, 1888.

STATE COMMISSION IN LUNACY

Statistics of State Hospital System

529

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.		Total.	Men.		Total.
	Women.					
Single.....	1,162	806	1,968	10,884	7,820	18,704
Married.....	979	974	1,953	9,035	8,977	18,012
Widowed.....	225	447	672	1,845	3,896	5,741
Divorced.....	15	22	37	65	86	151
Unascertained.....	10	9	19	323	215	538
Total.....	2,391	2,258	4,649	22,152	20,994	43,146

Statistics of State Hospital System

TABLE No. 10.
Showing degree of education of patients admitted during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate.....	80	10	90	472	78	550
Academic.....	110	78	188	813	839	1,652
Common school.....	1,382	1,121	2,503	10,743	8,513	19,256
Read and write.....	371	406	777	5,159	5,303	10,462
Read only.....	102	127	229	875	1,246	2,121
No education.....	122	192	314	1,596	2,142	3,738
Unascertained.....	224	324	548	2,494	2,873	5,367
Total.....	2,391	2,258	4,649	22,152	20,994	43,146

Statistics of State Hospital System

TABLE No 11.

tion of insanity previous to admission, and the period
t of patients who died during the current year and
1888.

PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1897.		
	Men.	Women.	Total.
.....	90	115	205
.....	89	94	183
.....	55	31	86
.....	56	40	96
year	15	31	46
months	69	39	108
two years	13	12	25
.....	51	51	102
.....	35	37	72
.....	28	34	62
.....	29	30	59
.....	37	43	80
ver	16	25	41
.....	1	2	3
.....	213	211	424
.....	797	795	1,592

UNDER TREATMENT.			
.....	115	105	220
.....	101	82	183
.....	78	58	136
.....	64	53	117
year	47	41	88
months	75	65	140
two years	39	60	99
.....	69	53	122
.....	37	52	89
.....	54	51	105
.....	53	72	125
.....	45	66	111
ver	20	37	57
.....	797	795	1,592
insane life	47.1	67.7	.....

* Including cases of alcoholism, drug habit, etc.

Statistics of State Hospital System

TABLE No. 11 — (Concluded).

Showing the duration of insanity previous to admission, and under treatment of patients who died during the current since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1,	
	Men.	Women.
Under one month	716	678
One to three months	782	557
Three to six months	449	347
Six to nine months	378	250
Nine months to one year	201	168
One year to eighteen months	448	296
Eighteen months to two years	166	119
Two to three years	462	349
Three to four years	275	223
Four to six years	245	249
Six to ten years	258	260
Ten to twenty years	278	273
Twenty years and over	167	204
Not insane*	3	4
Unascertained	2,061	2,353
Total	6,889	6,330

PERIOD UNDER TREATMENT.		
Under one month	1,053	821
One to three months	870	639
Three to six months	763	552
Six to nine months	456	380
Nine months to one year	402	346
One year to eighteen months	599	509
Eighteen months to two years	369	309
Two to three years	598	480
Three to four years	383	386
Four to six years	401	469
Six to ten years	469	539
Ten to twenty years	404	616
Twenty years and over	119	284
Total	6,889	6,330
Average duration of insane life	49.9	62.26

* Includes cases of alcoholism, drug habit, etc.

Statistics of State Hospital System

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years.....	7	6	13	3	3	6
From ten to fifteen years.....	103	96	199	74	56	129
From fifteen to twenty years.....	235	223	458	958	861	1,819
From twenty to twenty-five years.....	266	276	542	2,175	2,047	4,222
From twenty-five to thirty years.....	300	285	585	2,691	2,586	5,277
From thirty to thirty-five years.....	339	267	606	2,766	2,580	5,346
From thirty-five to forty years.....	474	417	891	3,108	2,492	5,600
From forty to fifty years.....	309	325	634	4,372	4,153	8,525
From fifty to sixty years.....	202	195	397	2,922	2,848	5,770
From sixty to seventy years.....	120	136	256	1,820	1,900	3,720
From seventy to eighty years.....	33	27	60	942	1,085	2,027
From eighty to ninety years.....	1	4	5	20	300	553
From ninety to one hundred years.....	2	1	3	2	20	40
Over one hundred years.....	.....	.....	.....	.....	2	2
Unascertained.....	.....	.....	.....	48	62	110
Total.....	2,391	2,258	4,649	22,152	20,994	43,146

Statistics of State Hospital System

TABLE No. 13.
Showing ages of those discharged recovered during the current year and since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years.....	39	36	75	233	308	541
From twenty to thirty years.....	149	146	295	1,083	1,293	2,376
From thirty to forty years.....	120	113	233	1,022	1,049	2,071
From forty to fifty years.....	106	85	191	832	686	1,518
From fifty to sixty years.....	53	47	100	407	365	772
From sixty to sixty years.....	29	16	45	200	146	346
From sixty to seventy years.....	7	5	12	46	28	74
From seventy to eighty years.....	.....	.....	.....	1	.....	1
From eighty to ninety years.....	.....	.....	.....	12	8	20
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	503	448	951	3,846	3,883	7,719

Statistics of State Hospital System

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years.....	.....	.....	.....	5	10	15
From fifteen to twenty years.....	4	13	17	73	98	169
From twenty to twenty-five years.....	24	39	63	247	281	528
From twenty-five to thirty years.....	39	50	89	422	414	836
From thirty to thirty-five years.....	64	48	112	667	493	1,160
From thirty-five to forty years.....	92	61	153	841	564	1,405
From forty to forty-five years.....	186	121	307	1,455	1,198	2,653
From forty-five to fifty years.....	138	133	271	1,214	1,128	2,342
From fifty to sixty years.....	118	151	269	1,004	1,040	2,044
From sixty to sixty-five years.....	94	127	221	678	795	1,473
From sixty-five to seventy years.....	36	46	82	212	281	493
From seventy to eighty years.....	.....	6	6	10	28	38
From eighty to ninety years.....	.....	.....	.....	.....	1	1
From ninety to one hundred.....	.....	.....	.....	.....	12	33
Over one hundred.....	2	.....	2	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	797	795	1,592	6,889	6,330	13,219

Statistics of State Hospital System

TABLE No. 15.

Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30,

DURATION OF INSANITY.	Men.	Women.
Under one month	431	490
One to three months	391	398
Three to six months	216	192
Six to nine months	171	150
Nine months to one year	58	51
One year to eighteen months	177	136
Eighteen months to two years	40	42
Two to three years	133	111
Three to four years	81	80
Four to five years	56	53
Five to ten years	129	121
Ten to fifteen years	55	67
Fifteen to twenty years	31	38
Twenty to thirty years	23	22
Thirty years and upwards	14	15
Not insane*	20	15
Unascertained	365	277
Total	2,391	2,258

* Includes cases of alcoholism, morphia habit, etc.

TABLE No. 16.

Showing period of residence in asylum of patients remaining in treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.
Under one month	193	187
One to three months	330	295
Three to six months	429	404
Six to nine months	354	357
Nine months to one year	269	288
One year to eighteen months	728	863
Eighteen months to two years	487	611
Two to three years	941	1,075
Three to four years	1,102	1,020
Four to five years	628	699
Five to ten years	2,285	2,447
Ten to fifteen years	941	1,086
Fifteen to twenty years	495	583
Twenty to thirty years	360	603
Thirty years and upwards	27	122
Not insane*	2	.....
Total	9,571	10,640

* Includes cases of alcoholism, morphia habit, etc.

Statistics of State Hospital System

artists authors, civil engineers, surveyors, etc.....	96	14	110	751	65	816
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shop keepers, shopmen, stenographers, typewriters, etc.....	347	3	350	3,138	22	3,160
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	278	.....	278	2,758	7	2,765
Mechanics, at out door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc	394	.....	394	4,009	.....	4,009
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc	367	2	369	3,133	28	3,161
Domestic service:						
Waiters, cooks, servants, etc.....	107	690	797	804	8,286	9,090
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	28	1,154	1,182	213	8,616	8,829
Commercial:						
Shop keepers, saleswomen, stenographers, typewriters, etc.....	.....	39	39	16	257	273
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	9	139	148	104	1,472	1,576
Miners, seamen, etc.....	36	.....	36	109	.....	109
Prostitutes.....	.....	2	2	.....	62	.....
Laborers.....	584	.....	584	5,399	.....	5,399
No occupation.....	123	204	327	1,231	1,797	3,028
Unascertained.....	22	11	33	487	382	869
Total.....	2,391	2,258	4,649	22,152	20,994	43,146

* St. Lawrence State Hospital since Dec. 9, 1900.

TABLE No. 18.
Showing the nativity of patients admitted during the current year and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admissions.....	2,391	2,258	4,649	22,152	20,994	43,146
Total born in United States.....	1,386	1,124	2,510	12,128	10,010	22,138
Africa.....				5		5
Algeria.....				3		3
Arabia.....				3		3
Asia.....					1	1
Australia.....				2		2
Austria-Hungary.....	40	50	90	357	373	730
Azores.....					1	1
Bahama Islands.....				1		1
Barbadoes.....				2		2
Belgium.....	3	1	4	18	6	24
Born at sea.....				1	1	2
Brazil.....					1	1
British India.....					1	1
Canada.....	55	59	114	429	417	846
Canary Islands.....				1		1
China.....	6		6	36		36
Corsica.....				1		1
Cuba.....	3	1	4	8	10	18
Denmark.....	7	5	12	47	31	78
Egypt.....				1		1

Statistics of State Hospital System

Japan	.....	.....	7
Maderia	.....	.....	1
Malta	.....	.....	4
Mexico	.....	.....	6
New Brunswick	.....	.....	4
Newfoundland	.....	.....	5
New Zealand	.....	.....	5
Norway	.....	.....	2
Nova Scotia	.....	.....	104
Other British possessions	.....	.....	10
Panama	.....	.....	12
Philippine Islands	.....	.....	1
Poland	.....	.....	1
Roumania	.....	.....	176
Russia	.....	.....	28
Scotland	.....	.....	944
Sicily	.....	.....	360
South America	.....	.....	1
Spain	.....	.....	3
Sweden	.....	.....	19
Switzerland	.....	.....	421
Turkey	.....	.....	208
Wales	.....	.....	90
West Indies	.....	.....	19
United States of Columbia	.....	.....	19
Unascertained	.....	.....	2
	.....	.....	942

Of the total number admitted since the 1st of October, 1888, the parents of 51.46 per cent. were both of foreign birth. In 3.07 per cent. the percentage on the paternal side was foreign, while that on the maternal side was native. In 1.95 per cent. the percentage of the maternal side was foreign, while that on the paternal side was native.

Statistics of State Hospital System

TABLE No. 19.
Showing the residence by counties and classification of patients admitted during the year ending September 30, 1897.

COUNTIES.	UTICA STATE HOSPITAL.			WILLARD STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOSPITAL.			BUFFALO STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany.....	2		2				66	3	69	2		2	1		1	1		1
Alegany.....				17		17				1		1	1		1			
Broome.....																45		45
Cattaraugus.....													29		29			
Cayuga.....				31	2	33				1		1	33		33	34		34
Chautauqua.....																30	2	32
Chemung.....																		
Chenango.....																		
Clinton.....				2		2	22		22							2		2
Columbia.....																13		13
Cortland.....																20		20
Delaware.....							108	5	108	4		4	270	6	276	2		2
Dutchess.....	1		1	1		1												
Essex.....																		
Franklin.....																		
Fulton.....	24	1	25	28	1	29	1			3		3						
Genesee.....										1		1	1		1			
Greene.....							13		13	2		2						
Hamilton.....	3		3															
Herkimer.....	12		12															
Jefferson.....							2		2	7	1	8						
Kings.....																		
Lewis.....																		
Livingston.....																		
Madison.....	1		1															
Monroe.....				17		17							1		1	25		25
Montgomery.....	26	5	31				6	3	9	23	15	37	1		1	1		1
New York.....				2		2							40	1	41			
Niagara.....				1		1												
Oneida.....	84	3	87															
Onondaga.....	11		11				1		1	3	1	4						

Statistics of State Hospital System

TABLE No. 19 — (Concluded).
Showing the residence by counties and classification of patients admitted during the year ending September 30, 1897.

COUNTIES.	ST. LAWRENCE STATE HOSPITAL.			ROCHESTER STATE HOSPITAL.			LONG ISLAND STATE HOSPITAL.			MANHATTAN STATE HOSPITAL.			TOTAL, ALL HOSPITALS.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany.....										1		1	75	3	78
Allegany.....													18	1	19
Broome.....													45		45
Cattaraugus.....													29		29
Cayuga.....													32	2	34
Chautauque.....													33		33
Chemung.....													30		30
Chenango.....													30	2	32
Columbia.....	13		13										13		13
Cortland.....													26		26
Cortland.....													12		12
Delaware.....													23	1	24
Dutchess.....													106	6	112
Essex.....	1	1	1	1		1	1		1				277	7	284
Franklin.....	5		5										5		5
Fulton.....	16		16										16		16
Genesee.....													27	1	28
Hamilton.....				1		1				1		1	30	1	31
Hamilton.....													16		16
Jefferson.....													13		13
Kings.....	81	2	83				583	2	585				611	3	614
Lewis.....	17		17										17		17
Livingston.....				21		21							31		31
Madison.....													26		26
Monroe.....				149	2	151							168	3	171
Montgomery.....													23		23
New York.....	40		40	1		1	42		42	1,807		1,807	1,630	18	1,648
Oneida.....													43	1	44
Ontario.....													84	3	87
Ontario.....	79		79	1		1							40		40
Ontario.....													1		1

Statistics of State Hospital System

Sussex.....	1	3	2	181	2	183	727	2	729	1,557	1,557	4,569	90	4,649
Sullivan.....														
Tioga.....														
Tompkins.....														
Ulster.....														
Warren.....														
Washington.....														
Wayne.....														
Westchester.....														
Wyoming.....														
Yates.....														
Unascertained.....														
Soldiers' Home.....														
Total.....	296	3	298	181	2	183	727	2	729	1,557	1,557	4,569	90	4,649

Statistics of State Hospital System

TABLE No. 20.
Showing the residence and classification of patients remaining under treatment, September 30, 1897.

COUNTIES.	UTICA STATE HOSPITAL.						WILLARD STATE HOSPITAL.						HUDSON RIVER STATE HOSPITAL.					
	PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	54	65	119	1	2	3	72	122	196	.....	.....	.....	71	93	164	1	2	3
Allegany.....	34	36	72	.....	.....	.....	1	.....	1	.....	.....	.....
Broome.....	15	2	17	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cattaraugus.....	98	70	168	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cayuga.....	1	.....	1	.....	.....	.....	16	4	20	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chautauqua.....	3	3	.....	1	1	41	38	79	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chemung.....
Chenango.....
Clinton.....	1	.....	1	.....	.....	.....	1	12	13	.....	.....	.....	.....	.....	.....	.....	.....	.....
Columbia.....
Cortland.....
Delaware.....
Dutchess.....	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Erie.....
Essex.....
Franklin.....	87	11	96	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fulton.....	5	5	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton.....	12	7	19	.....	.....	.....	.....	.....	.....	.....	.....	.....
Greene.....	13	10	23	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jefferson.....	36	23	59	.....	.....	.....	.....	.....	.....	.....	.....	.....
Kings.....
Lewis.....
Madison.....
Monroe.....
Nassau.....
Orleans.....
Rensselaer.....
Saratoga.....
Schoharie.....
Schoonhoven.....
Seneca.....
St. Lawrence.....
Tioga.....
Warren.....
Washington.....
Westchester.....
Yates.....

Statistics of State Hospital System

Barloga.....	16	47	63	1	1	13	13	25	1	2	3	66
Barnes.....	38	31	50	1	1	19	15	34	1	1	1	3
Schenckady.....	1		1			1						
Schuyler.....						31	24	55				
Seneca.....						47	46	95	1			
Stanben.....						91	88	179				
Suffolk.....						7	6	13				
Sullivan.....						1		1				
Toga.....												
Townshend.....						38	43	81	1			
Ulster.....						1	24	25	39	26	67	3
Warren.....	3	13	15			1	4	5				
Washington.....	13	6	19			1	15	15	18	13	31	
Wayne.....						48	37	45				
Westchester.....						1	15	78				
Wyoming.....	1	1	1			3	16	13	160	130	230	1
Yates.....							27	33				4
Unascertained.....						47	3	50	2			
Total.....	443	494	987	29	33	63	1,104	1,150	861	704	1,565	39
									5			66

Statistics of State Hospital System

TABLE No. 20 — (Continued).
Showing the residence and classification of patients remaining under treatment, September 30, 1897.

COUNTIES.	MIDDLETOWN HOMOEOPATHIC STATE HOSPITAL.						BUFFALO STATE HOSPITAL.						BINGHAMTON STATE HOSPITAL.					
	PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	8	10	18	1		1		1	1				31	21	52			
Allegany.....							2	2	4		2	2	80	90	170	1		2
Broome.....	1		1	1		1							1		1	1		
Cattaraugus.....							31	52	83	1		1		1	1			
Cayuga.....	2		2				62	76	138	2	3	5						
Chautauque.....	3	1	4	1		1		1	1				33	26	59			
Chemung.....	1	2	3				1	1	1	1	1	1	43	55	98	3	1	4
Chenango.....													1	8	9			
Columbia.....		1	1										26	32	58			
Clinton.....													37	47	84	1		1
Cortland.....													8	13	15			
Delaware.....	1	17	18			2												
Dutchess.....	3		3		2	2	365	470	835	6	5	11						
Essex.....																		
Franklin.....																		
Fulton.....	1	1	2	1		1							7	6	13			
Genesee.....		1	1				5	4	9									
Greene.....		3	3			1							9	21	30			
Hamilton.....													1	1	2			
Herkimer.....																		
Jefferson.....	1		1															

[illegible]

Statistics of State Hospital System

TABLE No. 20 — (Continued).
 Showing the residence and classification of patients remaining under treatment, September 30, 1897.

COUNTIES.	ST. LAWRENCE STATE HOSPITAL.						ROCHESTER STATE HOSPITAL.						LONG ISLAND STATE HOSPITAL.					
	PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	82	2	84															
Allegany.....																		
Broome.....	1		1															
Cattaraugus.....																		
Cayuga.....																		
Chemung.....																		
Chautauque.....																		
Chester.....																		
Columbia.....	36	40	76															
Cortland.....	2	5	7															
Delaware.....																		
Dutchess.....	4	9	13															
Erie.....	17	15	32	1		1	2	2	4				1		1			
Franklin.....	17	23	40															
Fulton.....	8		8				3	4	7									
Genesee.....																		
Greene.....																		
Hamilton.....																		
Jefferson.....	8		8															
Livingston.....	83	75	158															
Lewis.....	2	4	6										1,140	1,460	2,600		2	2
Livestock.....	44	30	74				16	8	24									

Statistics of State Hospital System

Rt. Lawrence.	83	97	179	1	2	0	1	2	2	4	1,179	1,535	2,714	2		
Saratoga	23	1	24													
Schenectady																
Schoharie																
Schuyler		1	1													
Seneca																
Steuben	1	1	1													
Surfolk																
Sullivan																
Tioga.																
Tompkins																
Ulster	6	1	7													
Warren	15	6	21													
Washington	4	5	9													
Wayne																
Westchester	19	10	29													
Wyoming																
Yates	1	22	1													
Unascertained	32		54													
Total	703	662	1,364	4	3	7	268	251	510	2	2	4	1,179	1,535	2,714	2

Statistics of State Hospital System

TABLE No. 20 — (Concluded).
Showing the residence and classification of patients remaining under treatment, September 30, 1897.

COUNTIES.	MANHATTAN STATE HOSPITAL.						TOTAL, ALL HOSPITALS.					
	PUBLIC.			PRIVATE.			PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	1		1				269	317	586	3	4	7
Allegany.....							37	40	77		2	2
Broome.....							88	90	178	2	2	4
Cattaraugus.....							46	51	100	1		1
Cayuga.....							101	73	173		2	2
Chautauqua.....							78	80	158	2	3	5
Chemung.....							77	69	146	1	3	4
Chenango.....							44	57	101	4	2	6
Columbia.....							39	53	91			
Cortland.....							48	65	113	2		2
Delaware.....							26	32	58		1	1
Dutchess.....							37	65	102	1		1
Erie.....							171	148	319	4	6	10
Essex.....							460	483	943	8	5	13
Franklin.....							32	20	42			
Fulton.....							30	30	59	1	1	2
Genesee.....							50	43	93			
Greene.....							44	42	86		2	2
Hamilton.....							37	40	77	1		1
Herkimer.....							6	2	8			
Jefferson.....							25	49	84	1	2	3
Kings.....							65	77	142	3	2	4
Livingston.....							1,249	1,496	2,745	18	23	41
Madison.....							33	32	65			
Monroe.....							49	53	101	1		1
Orleans.....							38	33	70		3	3
Rensselaer.....							53	49	101			
Saratoga.....							269	262	531	4	9	13

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Licensed Private Asylum System

(B) LICENSED PRIVATE ASYLUM SYSTEM.
General statistics for year ending September 30, 1897.

INSTITUTIONS.	REMAINING OCTOBER 1, 1896.		ADMITTED DURING YEAR.		DAILY AVER- AGE UNDER TREATMENT.		CAPACITY OF INSTITUTION.		DISCHARGED RECOVERED.		DISCHARGED NOT RECOVERED.		DISCHARGED NOT INSANE.		DIED.		REMAINING SEPTEMBER 30, 1897.				
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.			
Bloomingdale Asylum	146	167	62	56	144	171	315	200	200	400	Total.	Total.	Total.	Total.	16	8	24	146	183	329	Total.
Providence Retreat	20	24	31	22	53	22	44	30	30	60	2	1	3	14	16	30	9	45	23	45	Total.
Marshall Infirmary	20	24	31	22	53	22	44	30	30	60	2	1	3	14	16	30	9	45	23	45	Total.
Long Island Home	42	49	91	37	71	45	52	97	57	114	1	5	6	23	23	46	3	51	97	57	Total.
Brigham Hall	28	27	55	24	47	27	26	53	37	72	4	2	6	3	8	11	11	58	37	51	Total.
St. Vincent's Retreat	57	57	29	29	59	59	59	60	60	60	6	6	6	6	18	18	18	61	61	61	Total.
Sanford Hall	15	14	29	7	6	13	14	15	29	36	2	3	4	7	7	7	1	14	16	30	Total.
Dr. Wells Sanitarium	12	14	13	13	14	14	14	16	16	16	4	4	4	4	16	34	1	15	15	15	Total.
Dr. Combes' Sanitarium	12	12	8	9	17	8	9	17	18	34	2	5	7	18	16	34	1	15	15	15	Total.
Dr. MacDonald's House	1	5	6	1	1	5	6	6	6	12	1	1	1	1	1	1	1	1	5	5	Total.
Dr. Parsons' Retreat	2	4	6	2	11	5	6	6	6	12	1	1	1	1	1	1	1	1	5	5	Total.
Glenmary	3	12	9	9	11	9	9	9	9	18	3	8	11	3	5	5	1	1	8	4	Total.
Falkirk House	3	6	3	4	7	4	7	14	20	34	1	3	3	3	5	5	1	1	8	10	Total.
Vernon House	3	5	4	6	10	3	4	7	14	20	34	1	3	3	5	5	1	1	8	10	Total.
Breesehurst Terrace	11	9	20	9	3	12	13	8	20	16	2	2	2	3	3	3	1	3	8	8	Total.
Waldmere	8	4	12	10	20	8	11	9	9	18	2	3	2	5	4	9	2	14	7	21	Total.
The Pines	-1	6	7	1	2	2	2	5	12	13	1	1	1	1	1	1	1	6	3	4	Total.
Interpines	1	4	6	4	10	5	7	7	12	16	1	1	1	1	1	1	1	4	4	4	Total.
River Crest	15	12	12	12	28	5	8	8	8	16	1	5	6	7	3	10	1	8	12	13	Total.

Statistics of the Criminal Insane.

MASSACHUSETTS STATE HOSPITAL FOR INSANE
CRIMINALS

(C)

TABLE No. 1.

Growth of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
October 1, 1896	521	38	559
During year ending September 30,			
Commitments	133	7	140
From other institutions for insane.	12	2	14
Number under treatment during year.	666	47	713
Population	597	....	640
Institution	470	80	550
During the year:			
Admitted	30	1	31
Died	16	1	17
Discharged	9	....	9
Returned	1	....	1
Transferred	23	....	23
Number discharged during the year.	79	2	81
October 1, 1897	587	45	632

Statistics of the Criminal Insane.

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening, February 2, 1859, at Auburn; April 25,
at Matteawan.

Total acreage of grounds and buildings.....	
Value of real estate, including buildings.....	\$875,0
Value of personal property.....	55,0

Receipts during year:

Balance on hand Oct. 1, 1896.....	\$1
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	60,7
From all other sources	63,3
Total receipts for maintenance	\$124,2

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries	*\$12,8
Estimate No. 2. For wages	40,3
Estimate No. 3. For provisions and stores.....	35,7
Estimate No. 4. For ordinary repairs	3,0
Estimate No. 5. For farm and grounds.. . . .	2,3
Estimate No. 6. For clothing and bedding	4,2
Estimate No. 7. For furniture.....	1,4
Estimate No. 8. For books and stationery	9
Estimate No. 9. For fuel and light.....	15,1
Estimate No. 10. For medical supplies.....	1,1
Estimate No. 11. For miscellaneous expenses	6,3
Estimate No. 12. For transportation and discharged patients	3

Total disbursements, estimates 1 to 12 inclusive. \$124,1

Balances October 1, 1887:

General maintenance fund	\$101
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	4

* Includes payment for five quarters by reason of change in law.

Statistics of the Criminal Insane.

Table No. 2—(Continued).

rate of wages paid attendants :	
.....	\$34 per month
.....	\$25 per month
rate of wages paid attendants :	
.....	\$18 per month
.....	\$15 per month
of day attendants to average daily popu-	
.....	1 — 8.65
of night attendants to average daily	
.....	1 — 35.
of daily patient population engaged in	
of useful occupation	44 per cent.
value of farm and garden products dur-	
.....	\$9,209 38
value of articles made or manufactured	
s during year.....	6,343 56

Statistics of the Criminal Insane.

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.		
	Men.	Women.	Total.	Men.	Women.	Total.
Moral:						
Adverse conditions (such as loss of friends, business troubles, etc.).....	4	.....	4	1	.....	1
Mental strain, worry and overwork (not included in above)...	17	.....	17	3	.....	3
Fright and nervous shock.....	1	.....	.....	.....	.....	1
Physical:						
Intemperance	17	1	18	3	.....	3
Venereal diseases	4	.....	4	.....	.....	.....
Masturbation.....	13	.....	13	4	.....	4
Sunstroke.....	2	.....	2	.....	.....	.....
Accident or injury....	3	1	4	.....	.....	.....
Epilepsy .....	.....	1	1	.....	1	1
Abuse of drugs.....	1	.....	1	.....	.....	.....
All other bodily disorders and ill health	4	1	5	.....	.....	.....
Hereditary	6	1	7	6	1	7
Congenital defect	4	.....	4	4	.....	4
Unascertained	68	4	72	.....	.....	.....
Not insane.....	1	.....	1	.....	.....	.....
Total	145	9	154	21	2	23

Statistics of the Criminal Insane.

TABLE No. 4.

Forms of Insanity in Those Admitted, Recovered and Died
 for the Year Ending September 30, 1897, and Since October 1,

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Acute delirious.....	4	.....	1	48	25	6
Idiocy.....	30	4	1	139	28	5
Chronic.....	.....	.....	1	17	3	2
Manic.....	13	2	5	96	18	24
Mania, acute.....	16	10	2	152	85	18
Mania, simple.....	46	15	3	265	79	11
Mania, chronic.....	.....	.....	1	30	2	13
Monomania (circular) insanity.....	.....	.....	.....	.....	1	.....
Paralysis.....	4	.....	5	37	.....	32
Primary.....	24	.....	2	80	7	6
Terminal.....	4	.....	2	62	.....	22
With insanity.....	2	.....	.....	36	4	5
With maniacal at- tack.....	9	.....	.....	47	3	3
.....	1	.....	.....	1	.....	.....
*.....	1	.....	.....	16	.....	.....

* Includes cases of alcoholism, drug habit, etc.

Statistics of the Criminal Insane.

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	68	3	71	54	2	56	122	5	127
	6	.....	6	4	.....	4	10	.....	10
	2	.....	2	.....	.....	.....	2	.....	2
Mania in acute forms.....	35	.....	35	31	3	34	66	3	69
	3	.....	3	.....	.....	.....	3	.....	3

All other curable forms.....	15	1	16	23	1	24	38	2	40

Statistics of the Criminal Insane.

	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	1	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...

Mania in acute forms.	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

All other curable forms.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Statistics of the Criminal Insane.

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in { First admission... Second admission... acute forms. { Third admission... Mania in acute { First admission... forms. { Second admission... Third admission... All other cura- { First admission... ble forms. { Second admission... Third admission...	22	1	23	1	5	1	9	5	...	5	23	...	23	72	4	76
	2	...	2	1	9	...	...	...	...	...	3	...	3	5	...	5
	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1
	6	...	6	2	1	...	...	2	...	2	9	1	10	49	2	51
	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3

	...	...	...	...	...	...	...	2	...	2	10	...	10	26	2	28

Statistics of the Criminal Insane.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	11	.....	11	.....	1	1	79	1	80	.....	1	1
One to three months	7	.....	7	2	.....	2	34	.....	34	11	1	12
Three to six months	2	1	3	2	.....	2	19	2	21	34	.....	34
Six to nine months	1	.....	1	4	.....	4	10	.....	10	45	1	46
Nine months to one year .....	.....	.....	.....	2	.....	2	3	1	4	31	2	33
One year to eighteen months .....	.....	.....	.....	10	.....	10	4	.....	4	43	3	46
Eighteen months to two years .....	.....	.....	.....	3	.....	3	1	.....	1	32	.....	32
Two to three years .....	.....	.....	.....	3	.....	3	4	.....	4	27	.....	27
Three to four years .....	.....	.....	.....	2	.....	2	.....	.....	.....	12	.....	12
Four to five years .....	.....	.....	.....	1	.....	1	2	1	3	5	1	6
Five to ten years .....	.....	.....	.....	1	.....	1	1	.....	1	7	.....	7
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	9	.....	9	.....	.....	.....	90	4	94	.....	.....	.....
Total	80	1	81	30	1	31	247	9	256	247	9	256

* Includes cases of alcoholism, opium habit, etc.

Statistics of the Criminal Insane.

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.	
	Men.	Women.	Total.	Men.	Women.
Apoplexy .....	...	...	...	4	...
Aneurism .....	...	...	...	1	...
Basilar meningitis .....	...	...	...	1	...
Bright's disease, chronic	1	...	1	8	...
Brain tumor .....	...	...	...	1	...
Carcinoma of liver .....	...	...	...	1	...
Cirrhosis of liver	1	...	1	2	...
Diabetes mellitus .....	...	...	...	2	...
Dysentery .....	...	...	...	1	...
Epilepsy .....	...	...	...	2	...
Gastro enteritis	1	...	1	3	...
General paralysis	5	...	5	32	...
Heart, valvular disease of	2	...	2	8	...
Hemorrhage, internal .....	...	...	...	1	...
Mania, acute, exhaustion	1	...	1	1	...
Mania, chronic, exhaustion .....	...	...	...	3	...
Meningitis, acute	1	...	1	1	...
Osteo sarcoma	1	...	1	1	...
Peritonitis .....	...	...	...	2	...
Pneumonitis .....	...	...	...	3	...
Phthisis pulmonalis	7	...	7	52	...
Senility	1	...	1	3	...
Suicide	2	...	2	8	...
Total	23	...	23	141	...

Statistics of the Criminal Insane.

TABLE No. 8.

ary Tendency to Insanity in Patients Admitted During
Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	3	.....	3	44	4	48
.....	5	2	7	62	4	66
maternal	6	.....	6	12	.....	12
hes.....	5	1	6	44	2	46
endency ..	7	1	8	139	13	152
.....	119	5	124	671	31	702
.....	145	9	154	972	54	1,026

TABLE No. 9.

Condition of Patients Admitted During the Current
Year and Since October 1, 1888.

TION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	99	4	103	674	17	691
.....	42	5	47	251	28	279
.....	4	.....	4	36	6	42
.....	.....	.....	.....	2	.....	2
.....	.....	.....	.....	9	3	12
.....	145	9	154	972	54	1,026

Statistics of the Criminal Insane.

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the
Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.	
	Men.	Women.	Total.	Men.	Women.
Collegiate	2	.....	2	9	3
Academic	6	1	7	19	3
Common School	26	3	29	307	23
Read and write.....	83	4	87	450	19
Read only.....	6	1	7	41	1
No education.....	20	.....	20	123	5
Unascertained	2	.....	2	23	.....
Total	145	9	154	972	54

Statistics of the Criminal Insane.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	1	.....	1	2	.....	2	20	1	21	8	.....	8	.....	.....	.....	.....	.....	.....
One to three months	4	.....	4	1	.....	1	14	.....	14	11	1	12	.....	.....	.....	.....	.....	.....
Three to six months	2	.....	2	1	.....	1	10	.....	10	8	.....	8	.....	.....	.....	.....	.....	.....
Six to nine months	2	.....	2	2	.....	2	7	.....	7	11	.....	11	.....	.....	.....	.....	.....	.....
Nine months to one year .....	.....	.....	.....	.....	.....	.....	2	.....	2	5	1	6	.....	.....	.....	.....	.....	.....
One year to eighteen months .....	.....	.....	.....	1	.....	1	2	.....	2	14	.....	14	.....	.....	.....	.....	.....	.....
Eighteen months to two years .....	.....	.....	.....	.....	.....	.....	3	.....	3	10	.....	10	.....	.....	.....	.....	.....	.....
Two to three years	2	.....	2	4	.....	4	6	1	7	20	1	21	.....	.....	.....	.....	.....	.....
Three to four years .....	.....	.....	.....	2	.....	2	3	.....	3	12	.....	12	.....	.....	.....	.....	.....	.....
Four to six years	1	.....	1	3	.....	3	3	.....	3	16	.....	16	.....	.....	.....	.....	.....	.....
Six to ten years	1	.....	1	1	.....	1	2	.....	2	8	1	9	.....	.....	.....	.....	.....	.....
Ten to twenty years .....	.....	.....	.....	3	.....	3	2	.....	2	13	1	14	.....	.....	.....	.....	.....	.....
Twenty years and over .....	.....	.....	.....	3	.....	3	3	.....	3	5	.....	5	.....	.....	.....	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	10	.....	10	.....	.....	.....	64	4	68	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	23	.....	23	23	.....	23	141	6	147	141	6	147	141	6	147	141	6	147

* Includes cases of alcoholism, drug habit, etc.

Statistics of the Criminal Insane.

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and
October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER	
	Men.	Women.	Total.	Men.	Women.
From 5 to 10 years .....	.....	.....	.....	.....	.....
From 10 to 15 years	1	.....	1	1	.....
From 15 to 20 years	9	.....	9	60	1
From 20 to 25 years	24	2	26	126	8
From 25 to 30 years	30	2	32	307	10
From 30 to 35 years	26	1	27	99	10
From 35 to 40 years	22	1	23	179	11
From 40 to 50 years	22	1	23	129	7
From 50 to 60 years	9	2	11	54	6
From 60 to 70 years	2	.....	2	16	1
From 70 to 80 years .....	.....	.....	.....	1	.....
From 80 to 90 years .....	.....	.....	.....	.....	.....
Total	145	9	154	972	54

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the
Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER	
	Men.	Women.	Total.	Men.	Women.
From 10 to 20 years .....	.....	.....	.....	9	.....
From 20 to 30 years	16	.....	16	141	2
From 30 to 40 years	10	.....	10	73	4
From 40 to 50 years	3	1	4	16	2
From 50 to 60 years	1	.....	1	7	1
From 60 to 70 years .....	.....	.....	.....	2	.....
From 70 to 80 years .....	.....	.....	.....	1	.....
Total	30	1	31	249	9

Statistics of the Criminal Insane.

TABLE No. 14.

of Patients Who Died During the Current Year and
Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
years				9	1	10
years	3		3	24	1	25
years	2		2	19	1	20
years	6		6	20		20
years	6		6	29	2	31
years	5		5	16		16
years				12	1	13
years				8		8
0 years	(94) 1		1	1		1
	23		23	138	6	144

Statistics of the Criminal Insane.

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission
Patients Admitted During the Year Ending September 30,

DURATION OF INSANITY.	Men.	Women.
Under one month.....	20	2
One to three months.....	35	3
Three to six months.....	25	3
Six to nine months.....	6	1
Nine months to one year.....	2	1
One year to eighteen months.....	2	2
Eighteen months to two years.....	1	1
Three to four years.....	1	1
Four to five years.....	1	1
Five to ten years.....	2	1
Ten to fifteen years.....	1	1
Not insane*.....	1	1
Unascertained.....	48	1
Total.....	145	9

* Cases of alcoholism, morphia habit, etc.

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining
Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.
Under one month.....	16	1
One to three months.....	21	2
Three to six months.....	38	2
Six to nine months.....	31	2
Nine months to one year.....	24	1
One year to eighteen months.....	23	4
Eighteen months to two years.....	56	1
Two to three years.....	83	2
Three to four years.....	50	10
Four to five years.....	45	4
Five to ten years.....	143	10
Ten to fifteen years.....	32	4
Fifteen to twenty years.....	11	1
Twenty to thirty years.....	11	3
Thirty years and upwards.....	3	1
Total.....	587	45

Statistics of the Criminal Insane.

TABLE No. 17.

Occupation of Those Admitted During the Current Year
and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
1: and naval icians, law- ts, artists, engineers,	5	.....	5	17	.....	17
: nants, ac- rks, sales- pers, shop- raphers, c.....	10	.....	10	66	.....	66
l and pas- ers, herds-	9	.....	9	64	.....	64
t out-door : carpenters, sawyers, c, etc.	26	.....	26	179	1	180
etc., at se- ocations: okbinders, weavers, , etc.....	23	.....	23	228	2	230
ervice: servants,	9	5	14	45	35	80
and higher duties: chers, stu- sekeepers,	6	4	10	8	5	13
: leswomen, type-	6	.....	6	10	.....	10

Statistics of the Criminal Insane.

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1,	
	Men.	Women.	Total.	Men.	Women.
Employed in sedentary occupation :					
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	1	.....	1	1	8
Miners, seamen, etc.....	6	.....	6	40	.....
Prostitutes.....	.....	.....	.....	.....	.....
Laborers.....	39	.....	39	267	.....
No occupation.....	.....	.....	.....	35	3
Unascertained.....	5	.....	5	12	.....
Total.....	145	9	154	972	54

Statistics of the Criminal Insane.

TABLE No. 18.

tivity of Patients Admitted During the Current Year
and Since October 1, 1888.

Y.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	1	.....	1	3	.....	3
.....	.....	.....	.....	6	.....	6
.....	1	.....	1	2	.....	2
.....	.....	.....	.....	1	.....	1
.....	.....	.....	.....	1	.....	1
.....	7	.....	7	22	.....	22
.....	.....	.....	.....	3	.....	3
.....	1	.....	1	2	.....	2
.....	4	.....	4	34	.....	34
.....	.....	.....	.....	6	1	7
.....	8	.....	8	83	1	84
.....	1	.....	1	2	.....	2
.....	1	.....	1	5	.....	5
.....	12	1	13	80	17	97
.....	11	.....	11	54	1	55
.....	.....	.....	.....	1	.....	1
.....	.....	.....	.....	1	.....	1
.....	1	.....	1	8	1	9
.....	3	.....	3	15	.....	15
.....	2	.....	2	4	.....	4
.....	.....	.....	.....	1	.....	1
.....	.....	.....	.....	3	.....	3
.....	.....	.....	.....	5	.....	5
.....	91	8	99	594	32	626
.....	.....	.....	.....	33	1	34
.....	1	.....	1	3	.....	3
.....	145	9	154	972	54	1,026

number admitted since the 1st of October, 1888, the
per cent. were both of foreign birth.

ent. the parentage on the paternal side was foreign,
e maternal side was native.

ent. the parentage on the maternal side was foreign,
e paternal side was native.

Statistics of the Criminal Insane.

TABLE No. 19.

Showing the residence by Counties and Classification of
Admitted During the Year Ending September 30, 18

COUNTIES.	Public.	Private.
Albany	4	.....
Allegany .....	.....	.....
Broome .....	.....	.....
Cattaraugus .....	.....	.....
Cayuga	2	.....
Chautauqua	1	.....
Chemung	2	.....
Chenango .....	.....	.....
Clinton .....	.....	.....
Columbia .....	.....	.....
Cortland	1	.....
Delaware .....	.....	.....
Dutchess .....	.....	.....
Erie	1	.....
Essex .....	.....	.....
Franklin .....	.....	.....
Fulton .....	.....	.....
Genesee .....	.....	.....
Greene	2	.....
Hamilton .....	.....	.....
Herkimer .....	.....	.....
Jefferson .....	.....	.....
Kings	2	.....
Lewis .....	.....	.....
Livingston .....	.....	.....
Madison .....	.....	.....
Monroe	9	.....
Montgomery .....	.....	.....
New York	14	.....
Niagara	1	.....
Oneida	2	.....
Onondaga	1	.....
Ontario .....	.....	.....
Orange	1	.....
Orleans .....	.....	.....
Oswego	1	.....
Otsego .....	.....	.....
Putnam .....	.....	.....
Queens	1	.....
Rensselaer	2	.....
Richmond .....	.....	.....
Rockland .....	.....	.....

Statistics of the Criminal Insane.

Table No. 19—(Concluded.)

COUNTIES.	Public.	Private.	Total.
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....			
.....	4		4
.....			
.....			
.....			
.....			
.....			
.....	2		2
.....			
.....			
.....	5		5
.....			
.....			
.....	96		96
.....			
.....	154		154

Statistics of the Criminal Insane.

TABLE No. 20.

Showing the Residence by Counties and Classification of
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC	
	Men.	Women.
Albany	14	
Allegany		
Broome	1	
Cattaraugus	2	
Cayuga	5	
Chautauqua	2	
Chemung	4	
Chenango	1	
Clinton		
Columbia	1	
Cortland	2	
Delaware	2	
Dutchess	5	
Erie	3	
Essex	1	
Franklin		
Fulton		
Genesee		
Greene	3	
Hamilton		
Herkimer		
Jefferson	2	
Kings	14	
Lewis		
Livingston		
Madison	1	
Monroe	19	
Montgomery		
New York	70	
Niagara	4	
Oneida	7	
Onondaga	9	
Ontario		
Orange	3	
Orleans	1	
Oswego	3	
Otsego		
Putnam		
Queens	4	
Rensselaer	5	
Richmond	4	

Statistics of the Criminal Insane.

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.		
	Men.	Women.	Total.
.....	1	.....	1
.....	3	1	4
.....	2	.....	2
.....	1	.....	1
.....	3	.....	3
.....	2	.....	2
.....	7	.....	7
.....	7	.....	7
.....	2	.....	2
.....	1	.....	1
.....	3	.....	3
.....	3	.....	3
.....	5	.....	5
.....	2	.....	2
.....	19	2	21
.....	1	.....	1
.....	333	17	350
.....	587	45	632

PART VI

Directory of State Hospitals and Private Institutions

37

CHAPTER 30

Directory of Hospitals and Private
Institutions

(Form 105.)

STATE COMMISSION IN LUNACY.

COMMISSIONERS.

Dr. J. M. D., President, 1 Madison Avenue, New York
Room 1728 Eighteenth Street. Residence No. 269
Ninth Street. House Telephone 603 Columbus.
Dr. J. Brown, residence (official), 133 Jay Street, Albany.
Dr. J. 2 Chapel.
Dr. J. Parkhurst, Canandaigua, N. Y.

SECRETARY.

Dr. J. J. J., Capitol, Albany. Residence, No. 37 Lake Ave.
Telephone 58 West. General Office Telephone

Number public patients, 20,882; total number private
9.—Total, 22,151.

STATE HOSPITAL SYSTEM.

ADMISSION OF PRIVATE PATIENTS TO STATE
HOSPITALS.

Patients can be admitted to State hospitals only upon
the medical superintendents. Rates for private
from six to ten dollars per week and a bond must
guaranteeing payment of accounts for maintenance.

Asylum Directory**UTICA STATE HOSPITAL—UTICA, ONEIDA COUNTY**

Number patients, men 456, women 541, total 997; nurses and employees, men 124, women 116, total 240.

G. Alder Blumer, M. D., Medical Superintendent.

Harold L. Palmer, M. D., First Assistant Physician.

Walter C. Gibson, M. D., Second Assistant Physician.

George H. Torney, Jr., M. D., Assistant Physician.

Harry L. K. Shaw, M. D., Junior Assistant Physician.

Clara Smith, M. D., Woman Assistant Physician.

W. Stuart Walcott, President Board of Managers. Address, New York Mills. Telephone, 604a.

John R. Jones, Steward.

Harry S. Patten, Treasurer, Utica.

James S. Sherman, Counsel, 343 Genesee street, Utica. Telephone, No. 511.

One mile from the New York Central, the Rome, Watertown and Ogdensburg, the Delaware, Lackawanna and Western and the Ontario and Western railway stations, and two miles from the West Shore station. Accessible, every 15 minutes, by New York Mills or Whitesboro electric cars. Stop at Cross street, intersection of Whitesboro and Court streets.

GRAYCROFT, an agricultural colony, is situated about a mile and a half from the hospital, in the village of New Hartford. Accessible by special conveyance.

Hospital long-distance telephone No. 1545.

WILLARD STATE HOSPITAL—WILLARD, SENECA COUNTY

Number patients, men 1,111, women 1,162, total 2,273; nurses and employees, men 244, women 226, total 470.

Wm. Austin Macy, M. D., Medical Superintendent.

William L. Russell, M. D., First Assistant Physician.

Thomas J. Currie, M. D., Second Assistant Physician.

Robert E. Doran, M. D., Assistant Physician.

Asylum Directory

. Bowlby, M. D., Assistant Physician.
Sanborn, M. D., Assistant Physician.
Sinach, M. D., Junior Assistant Physician.
ssell, M. D., Junior Assistant Physician.
oss, M. D., Junior Assistant Physician.
chier, M. D., Junior Assistant Physician.
e Hills, M. D., Woman Assistant Physician.
Hammond, President Board of Managers, Geneva.
e 315.
t, Steward.
s, Treasurer, Ovid, N. Y.
lge, Counsel, Phelps, N. Y. Local telephone.
from the east, by New York Central and Hudson
(Auburn branch from Syracuse to Geneva); from
New York Central and Hudson River railway, from
burn branch) to Geneva, or via Lehigh Valley rail-
e north, Lyons to Geneva via Fall Brook railway;
via steamers of the Seneca Lake Steam Navigation
(summer), and by Lehigh Valley railway; from the
igh Valley railway or by Seneca Lake Steam Navi-
ny steamers (in summer).
l is most conveniently reached via Hayt's Corners.
ted near the hospital grounds.
ng-distance telephone Willard, N. Y. Telegraph
tal.

**RIVER STATE HOSPITAL — POUGHKEEPSIE,
DUTCHESS COUNTY.**

en 935, women 1,035, total 1,970; number em-
53, women 187, total 440.

Pilgrim, M. D., Medical Superintendent.
ey, M. D., First Assistant Physician.
angdon, M. D., Second Assistant Physician.

Asylum Directory

Isham G. Harris, M. D., Assistant Physician.

Thomas E. Bamford, M. D., Assistant Physician.

J. O. Stranahan, M. D., Junior Assistant Physician.

Frederick J. Mann, M. D., Junior Assistant Physician.

Fred T. Clark, M. D., Junior Assistant Physician.

Clarence J. Slocum, Medical Interne.

Emma Putnam, M. D., Woman Assistant Physician.

Frank B. Lown, President Board of Managers. Address
Market street, Poughkeepsie.

D. Porter Lord, Steward.

Allison Butts, Treasurer, Poughkeepsie, N. Y. Telephone

H. M. Taylor, Counsel. Address 52 Market street, Pough-
keepsie.

The hospital is located two miles north of the New York Central railway station at Poughkeepsie. Carriages may be procured at the station, and a public conveyance runs regularly and from the hospital, connecting with the principal trains. The hospital may also be reached by the West Shore railway from Highland station to Poughkeepsie, and by the Philadelphia, Reading and New England railway (Poughkeepsie Bridge). Conveyances may be procured from Parker avenue station.

Hospital long-distance telephone No. 171. Telegraph office at hospital.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.
MIDDLETOWN, ORANGE COUNTY.

Number patients, men 596, women 621, total 1,217; nurses and employees, men 159, women 109, total 268.

Selden H. Talcott, M. D., Medical Superintendent.

Charles S. Kinney, M. D., First Assistant Physician.

Maurice C. Ashley, M. D., Second Assistant Physician.

Arthur P. Powelson, M. D., Assistant Physician.

David E. Francisco, M. D., Junior Assistant Physician.

Asylum Directory

Potter, M. D., Junior Assistant Physician.
as, M. D., Woman Assistant Physician.
urt, President Board of Managers, Warwick, N. Y.

Leonard, Steward.

Macardell, Treasurer, Middletown, N. Y.

Rezey, Counsel, Goshen. No telephone.

It is 66 miles from New York city, and may be
reached by the following railways: New York, Lake Erie and
New York, Ontario and Western, and New York, Sus-
sex and Western. Electric cars run between Middletown
and Goshen. Public carriages may also be had at the

Long-distance telephone No. 41.

STATE HOSPITAL—BUFFALO, ERIE COUNTY.

Patients, men 711, women 882, total 1,593; number
admitted, men 155, women 157, total 312.

Hurd, M. D., Medical Superintendent.

Frost, M. D., First Assistant Physician.

Armstrong, M. D., Second Assistant Physician.

Conley, M. D., Assistant Physician.

Betts, M. D., Assistant Physician.

Bowerman, M. D., Junior Assistant Physician.

Person, M. D., Junior Assistant Physician.

Schlmann, M. D., Woman Assistant Physician.

Aldrich, M. D., Medical Intern.

Dudley, President Board of Managers. Address 19
Main Street. Long-distance telephone "Bryant 216."

Wulp, Steward.

Lawley, Treasurer, Buffalo, N. Y.

W. Pound, Counsel, Lockport, N. Y. Address 71 Main
Street. Long-distance telephone "Lockport 231."

Asylum Directory

The hospital is located on Forest avenue, about three and half miles from the principal railway stations, accessible by wood avenue, and Baynes and Hoyt streets trolley lines, also by Main street and Niagara street lines by obtaining transfer to the Forest avenue cars.

Hospital long-distance telephone "Bryant 262."

BINGHAMTON STATE HOSPITAL—BINGHAMTON, BROOKS COUNTY.

Number patients, men 610, women 724, total 1,334; nurses and employees, men 182, women 154, total 336.

Charles G. Wagner, M. D., Medical Superintendent.

Charles C. Eastman, M. D., First Assistant Physician.

William A. White, M. D., Second Assistant Physician.

Arthur P. Summers, M. D., Assistant Physician.

Robert G. Wallace, M. D., Assistant Physician.

H. W. Eggleston, M. D., Junior Assistant Physician.

Cecil MacCoy, M. D., Junior Assistant Physician.

E. Gertrude Crum, M. D., Woman Assistant Physician.

John B. Stanbrough, President Board of Managers. Address Owego, N. Y. No telephone.

Edwin Evans, Steward.

John Rankin, Treasurer, Binghamton, N. Y.

Edmund O'Connor, Counsel, Binghamton. Address Binghamton Building. Telephone 149.

Located on the lines of the Erie, Delaware, Lackawanna, and Western, and Delaware and Hudson railways. Electric cars leave corner of Court and Washington streets, and pass near railway stations, every 15 minutes, between 6 a. m. and 10 p. m. in summer and every half-hour in winter.

Hospital long-distance telephone No. 453.

Asylum Directory**NCE STATE HOSPITAL—OGDENSBURG, ST. LAW-
RENCE COUNTY.**

Patients, men 719, women 676, total 1,395; number
men 160, women 186, total 346.

Johnson, M. D., Medical Superintendent.

Whitings, M. D., First Assistant Physician.

Babcock, M. D., Second Assistant Physician.

Waters, Jr., M. D., Assistant Physician.

Kidder, M. D., Assistant Physician.

Wilgus, M. D., Junior Assistant Physician.

Cooper, M. D., Junior Assistant Physician.

Pease, M. D., Woman Assistant Physician.

J. Daniels, President Board of Managers. Address
Ogdensburg. Telephone 314.

Hall, Steward.

Vells, Treasurer, Ogdensburg, N. Y.

Malby, Counsel, Ogdensburg.

Free and one-half miles from centre of Ogdensburg on
Watertown and Ogdensburg and Central Vermont
accessible by trolley line every half-hour. Public
buses also be obtained at railway stations.
Long-distance telephone "State Hospital."

**WESTER STATE HOSPITAL—ROCHESTER, MONROE
COUNTY.**

Patients, men 278, women 275, total 553; number em-
ployed, men 61, women 58, total 119.

Ward, M. D., Medical Superintendent.

Ward, M. D., First Assistant Physician.

Ward, M. D., Assistant Physician.

Ward, M. D., Woman Assistant Physician.

Cook, President Board of Managers. Address 251
Long-distance telephone No. 323.

Asylum Directory

W. S. Remington, Steward.

Frederick P. Allen, Treasurer, Rochester, N. Y.

J. M. E. O'Grady, Counsel, Rochester. Address 65 C
Park. Long-distance telephone No. 602.

Two miles from railway stations. Accessible by electric o
the South and Lake avenue line.

Hospital long-distance telephone No. 602.

LONG ISLAND STATE HOSPITAL.

Number patients, men 1,250, women 1,571, total, 2,821; nu
employees, men 333, women 263, total 596.

Oliver M. Dewing, M. D., General Superintendent.

Truman J. Backus, President Board of Managers. Addre
Livingston street, Brooklyn. Telephone 2138 Brooklyn.

F. A. Wheeler, Steward.

Henry E. Abell, Treasurer, Arbuckle Building, Brooklyn,

Marcus B. Campbell, Counsel, 26 Court street, Brooklyn.
phone 610.

All official communications with regard to the Long I
State Hospital should be addressed to the General Superin
ent, Kings Park, N. Y.

KINGS PARK DEPARTMENT—Kings Park, Long Island.

Number patients, men 770, women 760, total 1,530; nu
employees, men 217, women 139, total 356.

Herman C. Evarts, M. D., Medical Superintendent.

F. Packer, M. D., First Assistant Physician.

John McGuire, M. D., Second Assistant Physician.

Dabney M. Trice, M. D., Assistant Physician.

Gustave A. Mack, M. D., Junior Assistant Physician.

W. H. Hagenbuch, M. D., Junior Assistant Physician.

B. G. Williams, M. D., Junior Assistant Physician.

Forty-five miles from New York city. Accessible by tra
the Long Island railway. Surface and elevated road from C

Asylum Directory

on, New York, to Thirty-fourth street ferry, connect-
ing Island City station of the Long Island railway.
Flatbush avenue station, Brooklyn, via Jamaica, Long
Island City.
Long-distance telephone No. 11 Northport.
Office at Hospital.

BROOKLYN DEPARTMENT—Brooklyn, Long Island.

Patients, men 480, women 811, total 1,291; number
admitted, men 116, women 124, total 240.
Dr. J. M. D., Medical Superintendent.
Dr. J. M. D., First Assistant Physician.
Dr. J. M. D., Second Assistant Physician.
Dr. J. M. D., Assistant Physician.
Dr. J. M. D., Assistant Physician.
Dr. J. M. D., Junior Assistant Physician.
Dr. J. M. D., Junior Assistant Physician.
Dr. J. M. D., Woman Assistant Physician.
by street car from East Twenty-third street and
Fulton street car from Brooklyn Bridge to Nos-
talgia, thence to Flatbush.
Long-distance telephone No. 68, Flatbush.

Full Schedule of Trains.

For Kings Park.

	A. M.	P. M.	A. M.	P. M.
City.....	9.02	11.00	4.34	5.40
0 a. m.				
	A. M.	A. M.	P. M.	P. M.
venue	8.55	10.52	4.22	5.29
5.52 a. m.				

From Kings Park.

	A. M.	A. M.	P. M.	P. M.
.....	6.50	7.38	2.04	3.58
33 p. m.				

Asylum Directory

MANHATTAN STATE HOSPITAL.

Number patients, men 3,156, women 3,642, total 6,798;
employees, men 688, women 516, total 1,204.

A. E. Macdonald, M. D., General Superintendent.

Henry E. Howland, President Board of Managers. A
35 Wall street. Long-distance telephone 817 Cortlandt s

H. E. Cole, Steward.

W. H. Kimball, Treasurer, 45 Broadway, New York.

George C. Austin, Attorney, New York City. Addr
Broadway. Long-distance telephone 4,471 Cortlandt.

All official communications with regard to the Manhatta
Hospital should be addressed to the General Superint
Post-office address, Station U, New York City.

Hospital long-distance telephone No. 1696-18th street
office, 1 Madison avenue, corner of Twenty-third street
phone No. 1,696-18th.

WARD'S ISLAND DIVISION.

MALE DEPARTMENT.

Number patients, men 2,034; number employees, me
women 10, total 371.

Percy Bryant, M. D., Medical Superintendent.

Louis C. Pettit, M. D., Second Assistant Physician.

Archibald Campbell, M. D., Assistant Physician.

Dwight S. Spellman, M. D., Assistant Physician.

George B. Campbell, M. D., Assistant Physician.

W. J. Furness, M. D., Assistant Physician.

John Riordan, M. D., Assistant Physician.

W. O. Cutliffe, M. D., Junior Assistant Physician.

Frank G. Hyde, M. D., Junior Assistant Physician.

A. B. Wright, M. D., Junior Assistant Physician.

A. P. Muir, M. D., Junior Assistant Physician.

* Includes 31 employees of the Gen. Administration Dept.

Asylum Directory

by, M. D., Junior Assistant Physician.
 Wickliffe, M. D., Junior Assistant Physician.
 Knapp, M. D., Junior Assistant Physician.
 lt, M. D., Junior Assistant Physician.

FEMALE DEPARTMENT.

patients, women 1,386; number employees, men 75,
 , total 294.

nt, M. D., Medical Superintendent.
 ———, First Assistant Physician.
 B. Moseley, M. D., Assistant Physician.
 F. Monette, M. D., Assistant Physician.
 G. Gibson, M. D., Assistant Physician.
 J. Delacroix, M. D., Assistant Physician.
 A Bond, M. D., Assistant Physician.
 ine Bjerring, M. D., Assistant Physician.
 H. Williams, M. D., Assistant Physician.
 Phillips, M. D., Junior Assistant Physician.
 E I. Townsend, M. D., Junior Assistant Physician.
 Keyes, M. D., Junior Assistant Physician.
 Hill, M. D., Junior Assistant Physician.
 H. MacGillvary, M. D., Junior Assistant Physician.
 Nairn, M. D., Junior Assistant Physician.
 eger, M. D., Junior Assistant Physician.
 Elliott, M. D., Junior Assistant Physician
 McAllister, M. D., Woman Assistant Physician.
 Jestley, Matron.

le by steamer from foot of East One Hundred and Six-
 et, every half-hour.

Days: Mondays, Tuesdays, Fridays, Saturdays.

Hours: 1 to 3 p. m.

ee address, Station U, New York City.

long-distance telephone No. 1696-18th street.

Asylum Directory**BLACKWELL'S ISLAND DIVISION.**

(Branch of Female Department, Ward's Island.)

Number patients, women 838; number employees, women 100, total 131.

Accessible by steamer from foot of East One Hundred and tenth street, 1 p. m. Thursdays only.

Visiting Day: Thursday.

Visiting Hours: 1 to 3 p. m.

Telephone No. 1697-18th street.

HART'S ISLAND DIVISION.

Number patients, men 375, women 1,124, total 1,499; employees, men 86, women 152, total 238.

John T. W. Rowe, M. D., First Assistant Physician.

Benjamin R. Logie, M. D., Assistant Physician.

Frank H. Magness, M. D., Assistant Physician.

Louis Walther, M. D., Junior Assistant Physician.

Paul G. Taddiken, M. D., Junior Assistant Physician.

Guy S. Peterkin, M. D., Junior Assistant Physician.

Anna E. Hutchinson, M. D., Woman Assistant Physician.

Post-office address, Station Z, New York City.

Accessible by steamer from foot of East One Hundred and tenth street, 1 p. m. Wednesdays only.

Visiting Day: Wednesday.

Visiting Hours: 2 to 4 p. m.

CENTRAL ISLIP DIVISION.

Number patients, men 747, women 294, total 1,041; employees, men 135, women 35, total 170.

G. A. Smith, M. D., Medical Superintendent.

M. B. Heyman, M. D., Assistant Physician.

C. G. Brink, M. D., Assistant Physician.

C. E. Norris, M. D., Junior Assistant Physician.

Asylum Directory

umphries, M. D., Junior Assistant Physician.

yon, M. D., Junior Assistant Physician.

long-distance telephone 19 Islip.

h Central Islip, Long Island.

*Schedule of Trains.***For Central Islip.**

	A. M.	A. M.
nd City.....	8.33	11.00
, 9.10 a. m.		

	A. M.	A. M.
venue, Brooklyn.....	8.25	10.52
, 9.04 a. m.		

From Central Islip.

	P. M.	P. M.
lip	2.20	4.21
, 5.41 p. m.		

**STATE HOMEOPATHIC HOSPITAL — GOWANDA,
ERIE COUNTY.**

(To open for patients about June 1, 1898.)

I. Arthur, M. D., Medical Superintendent.

d Helmuth, M. D., President Board of Managers. Long
telephone "The Bristol, N. Y., 1,263 Thirty-eighth

Blackmon, Secretary and Treasurer, 626-630 Ellicott
ffalo, N. Y. Long-distance telephone "Seneca 426."

earns, Counsel, Dunkirk, N. Y. Long-distance tele-
9.

at Collins, two miles from Gowanda, on Buffalo and
road. Accessible by carriage from Gowanda.

tance telephone at Gowanda No. 2.

Asylum Directory

MATTEAWAN STATE HOSPITAL—MATTEAWAN, DUTCHESS COUNTY.

(For insane, committed on orders of courts of criminal jurisdiction, and insane convicts.)

Number patients, men 620, women 47, total 667; number employees, men 112, women 18, total 130.

Post-office and railroad station, Fishkill-on-the-Hudson.

H. E. Allison, M. D., Medical Superintendent.

Robert B. Lamb, M. D., First Assistant Physician.

Francis M. Furlong, M. D., Junior Assistant Physician.

Walter M. Clark, M. D., Assistant Physician.

Paul F. Dessez, M. D., Medical Intern.

Fifty-eight miles from New York city, on the New York Central and Hudson River railway. It is also accessible by the West Shore railway and the Erie, to Newburg; thence by ferry to Fishkill-on-the-Hudson. The institution may be reached by an electric railway, which runs within one-half mile, from the Hudson River railway station; also public conveyances at the station.

Hospital long-distance telephone call No. 36.

PATHOLOGICAL INSTITUTE (FOR THE STATE HOSPITALS)—No. 1 MADISON AVENUE, NEW YORK.

Ira Van Gieson, M. D., Director.

Henderson B. Deady, M. D., Chief Associate in Pathology.

A. Hrdlicka, M. D., Associate in Anthropology.

Boris Sidis, M. A., Ph. D., Associate in Psychology.

Bronislauf Onuf, M. D., Associate in Pathology.

Arnold Graf, Ph. D., Associate in Biology.

Henry H. Brooks, M. D., Associate in Bacteriology.

Phoebus A. Levene, M. D., Associate in Physiological Chemistry.

Asylum Directory

an, M. A., Ph. D., Acting Associate in Physiological

Herrick, A. B., Associate in Comparative Neurology.

usck, Librarian.

nf, Archivist and Preparator.

ance telephone call 1728-18.

ENSENSED PRIVATE ASYLUM SYSTEM.

**OF THE NEW YORK HOSPITAL—BLOOMINGDALE,
WHITE PLAINS, N. Y.**

n, M. D., Medical Superintendent.

e by Harlem railway. Number of patients, 320.

or those who pay remunerative rates, \$10 per week.

tion receives and treats, gratuitously, a small number

insane, and receives a considerable number of acute

cases, which pay only part of their expenses.

ance telephone No. 204, White Plains.

WIDENCE RETREAT—BUFFALO, ERIE COUNTY.

Under the charge of the Sisters of Charity.)

Wood, M. D., Physician in Charge.

n Main street, corner of Kensington avenue. Dis-

Union railway station, four miles. Accessible by

et car line. Number of patients limited to 125. Min-

for care and treatment of private patients, \$6 per

ance telephone "Park 49."

Asylum Directory**MARSHALL INFIRMARY—TROY, RENSSELAER COUNTY**

J. D. Lomax, M. D., Physician in Charge.

One mile from the Union railway station. Accessible by electric street car, from corner Congress and Third streets. Run every 15 minutes, and every other one passes the Union. Number of patients limited to 60. Minimum rate for care and treatment of private patients, \$6 per week.

Long-distance telephone call, "Marshall Infirmary," 937.

LONG ISLAND HOME—AMITYVILLE, LONG ISLAND

O. J. Wilsey, M. D., Physician in Charge.

Thirty-two miles from New York. Accessible by M. V. division of Long Island railway; ferry from East Thirty-third street, New York, also from Brooklyn. Only five minutes to railway station. Number of patients limited to 114. M. V. on Wednesday and Friday, 1.30 to 2.30 p. m., 130 East Thirty-third street, New York. Telephone 1434 Thirty-eighth street. Minimum rate, \$10 per week.

Long-distance telephone No. 2-M, Amityville.

BRIGHAM HALL HOSPITAL—CANANDAIGUA, ONTARIO COUNTY.

D. R. Burrell, M. D., Physician in Charge.

Situated on Bristol street, one mile from the New York Central and Northern Central railway station. Accessible by carriages, always to be found at the station. Number of patients limited to 78. Minimum rate, \$12 per week.

Long-distance telephone No. 35, or "Brigham Hall."

Asylum Directory**ST. ANNE'S RETREAT—HARRISON, WESTCHESTER COUNTY.**

(Under the charge of the Sisters of Charity.)

Schmid, M. D., Attending Physician, White Plains.

J. Brooks, M. D., Physician in Charge.

Train only. Fifty minutes from New York on the New York and New Haven railway. Trains leave Grand Central station, New York city, for Harrison, every hour, from 9 a. m. to 9 p. m. Number of patients limited to 60. Applications for admission should be made to the Sister in Charge. Distance telephone No. 128, Port Chester.

WALDEMERE—MAMARONECK, WESTCHESTER COUNTY.

Waldemere, M. D., Physician in Charge.

Trains from New York on the New York, New Haven and New York railway. Trains leave Grand Central station, New York city, every hour, for Mamaroneck. Waldemere is one mile from Mamaroneck, where public carriages may be found. Number of patients limited to 18. Minimum rate, \$25 per week. Distance telephone connection.

ST. ANNE'S HALL—FLUSHING, NEW YORK CITY.

Quart Brown, M. D., Physician in Charge.

Alter Klein, M. D., Assistant Physician.

About one-quarter of a mile from Long Island railway station. Easily accessible by carriage from any part of Greater New York.

In coming from Borough of Manhattan, take ferry from Twenty-fourth street, and train to Flushing, Main street. In coming from Borough of Queens, take Myrtle avenue trolley for Flushing. Office may be seen at the office in Borough of Manhattan, at Twenty-ninth street, on Tuesday or Saturday, between 10 a. m. and 12. Number of patients limited to 44. Minimum rate, \$25 per week.

Distance telephone, "17 Flushing."

Asylum Directory**BREEZEHURST TERRACE—WHITESTONE, NEW YORK
LONG ISLAND.**

D. A. Harrison, M. D., Physician in Charge.

D. R. Lewis, M. D., Assistant Physician.

Accessible from New York city, from East Thirty-fourth street ferry, via Long Island railroad. From James slip near the Brooklyn Bridge to Long Island City. Trains run every half hour to Whitestone, time 25 minutes. May also be reached by drive via Ninety-ninth street ferry to College Point, from which point it is about 10 minutes' drive. Coming from Brooklyn, take Grand point car or Crosstown car to Long Island City or Corona; thence by Long Island railroad. In taking patients from Brooklyn, it is better to drive, as it only takes a little more than one hour from Grand street to Newtown, thence through Flushing to Whitestone. Cars arrive from Brooklyn in one hour. Minimum charge, \$20 per week. Number limited to 25. (Voluntary patients only received.) Breezehurst Terrace, five minutes' walk from Whitestone station.

Brooklyn long-distance telephone 231, Brooklyn; Whitestone long-distance 461.

**DR. WELLS' SANITARIUM FOR MENTAL DISEASES—
ST. MARK'S AVENUE, BROOKLYN.**

(Between Kingston and Albany Avenues.)

Thomas L. Wells, M. D., Physician in Charge.

James H. Wells, M. D., Assistant Physician.

The Sanitarium may be reached by the Bergen street car to the Atlantic avenue railway or elevated railway from Brooklyn Bridge. Stop at Albany avenue station of elevated road. Number limited to 16 women patients. Minimum rate, \$10 per week.

Long-distance telephone No. 69, Bedford.

Asylum Directory**MONT-ON-THE-HUDSON — POST OFFICE, SING SING,
WESTCHESTER COUNTY.**

Lyman Parsons, M. D., Physician in Charge.

Wait Parsons, M. D., Associate Physician.

on, one mile from New York Central railroad station at
g. Public carriages may be hired at the station, or a
arriage will be sent by appointment. Only selected cases
l or nervous diseases are received, and the number is
to 10. Minimum rate for board, services of a private
medical care and treatment, including Hydrotherapy, \$75
k. Communication by telegraph or telephone, through
Sing office. Dr. Parsons, or his associate, will be at No.
Forty-fourth street, on Mondays and Fridays, between
4.30 o'clock p. m., or by appointment.
ephone connection.

**MACDONALD'S HOUSE — PLEASANTVILLE, WESTCHESTER,
COUNTY.**

F. MacDonald, M. D., Physician in Charge.

— — — — —, Assistant Physician.

ile from Pleasantville station on Harlem railway; two
om Whitson's station on New York and Northern rail-
miles from Tarrytown and four miles from Sing Sing, on
River division New York Central railway. Pleasantville
les north of New York city (about 50 minutes' ride).
of patients limited to 10. House is conducted on the pri-
vately plan and only selected cases of mental disease re-
Minimum rate for board, medical attendance and private
\$5 per week. Telegraph and public telephone, Pleasant-
r. MacDonald will be at 85 Madison avenue, New York
y, Sundays excepted, from 11 to 1 o'clock, and by appoint-

Asylum Directory**THE PINES—AUBURN, CAYUGA COUNTY.**

Frederick Sefton, M. D., Physician in Charge.

Guy R. Montgomery, Assistant Physician.

Accessible by the Auburn branch of the New York Central Hudson River railway, and the Southern Central division of Lehigh Valley railway. A little over three hours by rail from Rochester, four from Albany and Buffalo, seven from New York city. Number of patients limited to 12. Minimum rate per week, including medical attendance, special nurse, private room and special tray service, \$20.

Long-distance telephone No. 261.

VERNON HOUSE—BRONXVILLE, WESTCHESTER COUNTY.

William D. Granger, M. D., Physician in Charge.

Post-office and telegraph, Bronxville. Fifteen miles from Grand Central station, New York city. Harlem railroad train half-hourly. House one mile from station. Accessible by New Haven railway to Mt. Vernon, or by Harlem railroad to Bronxville. Public carriages may be obtained at railway station. Number of patients limited to 12. Cases selected. There is entire absence of institutional features, affording homelike surroundings and care. Terms, \$40; no extras.

No telephone connection.

INTERPINES—GOSHEN, ORANGE COUNTY.

Frederick Whittlesey Seward, M. D., Physician in Charge.

R. L. McGeoch, M. D., Assistant Physician.

J. Perry Seward, M. D., Associate Physician.

Sixty miles from New York city, on line of Erie railway. Number of patients limited to 16. Minimum rate \$20 per week.

Long-distance telephone call, Goshen-15-2.

Asylum Directory**GLENMARY—OWEGO, TIOGA COUNTY.****(Homeopathic.)**

enleaf, M. D., Physician in Charge.

Hyde, M. D., Assistant Physician.

ths of a mile from railway stations, where public
ay be obtained. Accessible by New York, Lake Erie
n and by Delaware, Lackawanna and Western rail-
Auburn division, Lehigh Valley railway. Number of
ited to 50. Minimum rate, \$10 per week.
ance telephone call, "77" Owego, N. Y.

FALKIRK—CENTRAL VALLEY, ORANGE COUNTY.

Ferguson, M. D., Physician in Charge.

on Bird, M. D., Assistant Physician.

from the Central Valley station, on Newburg branch
x, Lake Erie and Western railway, 47 miles from New
Telephone extends from Central Valley depot. Com-
should be had with station agent by Western Union
nd message will be repeated. Number of patients
l. Minimum rate, \$20 per week.
"Falkirk."

RIVER OREST—ASTORIA, LONG ISLAND.

ndred, M. D., Physician in Charge.

ke Bryson, M. D., Assistant Physician.

on the east bank of the East river, opposite the foot
e Hundred and Twenty-first street, New York city.
via the Ninety-second street ferry to Astoria, from
one mile over the Shore road. From Brooklyn take
int car or Crosstown car to Long Island City, there

Asylum Directory

transferring to the trolley line to the Ninety-second street Astoria. Patients from New York city and Brooklyn may be transferred by carriage, as the distance to the foot of Ninety-second street is only one and one-half miles, and the distance to the city limits of Brooklyn is less than two and one-half miles. Telegraph and post-office address, Astoria. Minimum rate, \$25 per week. Number limited to 16.

Long-distance telephone 36, Astoria.

VOLUME II

PART I
STATE HOSPITALS

FIFTY-FIFTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

A STATE HOSPITAL

AT UTICA

for the Year Ending September 30, 1897

FORWARDED TO THE STATE COMMISSION IN LUNACY, 1898

CHAPTER 31

OFFICERS OF THE HOSPITAL

MANAGERS.

T. WALCOTT, Esq.....	New York Mills.
E. DUNHAM, Esq.....	Utica.
S. SYMONDS, Esq.....	Utica.
MACLEAN, Esq.....	Utica.
E. BAKER, Esq.....	Utica.
ETTE D. COX.....	Utica.
CONSTABLE.....	Utica.

TREASURER.

PATTEN, Esq.....	Utica.
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RESIDENT OFFICERS.

BLUMER, M. D.....	Superintendent and Physician.
L. PALMER, M. D.....	First Assistant Physician.
C. GIBSON, M. D.....	Second Assistant Physician.
TEETER, M. D.....	Assistant Physician.
L. TORNEY, Jr., M. D...	Junior Assistant Physician.
K. SHAW, M. D.....	Junior Assistant Physician.
ITH, M. D.....	Woman Assistant Physician.
ONES.....	Steward.
RKER.....	Matron.

NINTH ANNUAL REPORT OF THE
Utica State Hospital—Annual Report
REPORT

To the State Commission in Lunacy:

Gentlemen.—Pursuant to chapter 545 of the Laws of 1897, the managers of the Utica State Hospital submit herewith their annual report for the year ending September 30, 1897.

In the annual report of the medical superintendent to the board of managers, which is made a part of this report to the Lunacy Commission, will be found a detailed statement of the operations of the year, with statistical tables and other matters of interest coming within the scope of his official duties. For the managers to pass in review the more material things of the year, call the attention of the Commission to improvements effected under allotments granted, and more especially to emphasize the needs of the institution for another year. So far, in general terms, a gratifying progress has been shown all along the line, and while the Utica State Hospital enjoys the distinction of being the oldest in the service, the managers believe they may claim without boastfulness that, notwithstanding her age, she still shows signs of a vigorous activity and ability to cope with the problem of caring for a thousand insane.

As old countries require colonies to feed an overgrown population, so has it been found necessary for the mother institution to reach out in like manner for a dependency beyond its own walls. Reference was made to the proposed establishment of such a colony in the last report of the managers, and more especially in the report of the superintendent. The Lunacy Commission having given ready assent to the plan, a colony, which has been named Croft, in honor of the former superintendent, was established on a farm of 160 acres, leased for the purpose for three years from George Benton, New Hartford. This farm is situated a little over a mile from the main institution and has been cultivated with a success that has even exceeded expectations. The colony has yielded a rich crop, fifty acres of corn alone having been raised, and has maintained a herd of cows to add to the supply of milk furnished by the home dairy.

Utica State Hospital—Annual Report

have been cared for twenty male patients, whose contentment have been a sufficient token of their enduring the year. Indeed, the experience has been warrant the renewed appeal for authority to purchase the hospital has an option to buy the farm at \$200 per acre a reasonable enough price when the appreciation of farm land in the neighborhood is taken into consideration. Already an investment has been made, as might have been expected, in the reconstruction of barns, fences, ditches, etc., to provide for better facilities provided in the farmhouse. The farm should not now be abandoned without making great sacrifices on the material side, but of far more importance have been obtained in treatment by caring for able-bodied workers in this simple way, on which account departure from the farm plan would be a distinctively retrograde movement. The members would, therefore, urge upon the commission the advisability of buying the farm outright, under the terms of the lease, the annual rent paid for the farm is \$1,200.

In connection we would also recommend the purchase of the land belonging to the Mather estate, adjoining the hospital grounds, thus providing what is sorely needed, a direct connection between the main premises and Gray's, shortening the distance considerably. As it is, travel over the rutted public road, almost impassable in early spring and the mud and entirely so in the depth of winter, with the snowdrifts. The Lunacy Commission, fully appreciating the value of such a connecting link, has already expressed its approval of the proposed purchase. Before discussing the subject, it is well for the managers to record the fact which they regard the extension of the agricultural department as one in entire harmony with modern methods of treatment and of pleasant promise as a means of relieving the condition of patients who no longer need the appurtenant less lenient custody behind stone walls, grated windowed doors.

NEW WORK AND REPAIRS.

But little new work has been done during the year, simple reason that but little money has been allotted to such purpose. Not that extensive repairs could not have been made with great advantage, but it has been apparent that upon the public purse from other quarters were more urgent, at least had behind them forces that compelled a recognition of prior and pressing necessity. The construction department nevertheless been busy, and the minor repairs effected during the year have appreciably increased the working efficiency of the hospital. Some of these may be enumerated briefly, as follows: A new pump and receiver has been provided under the pump workshop, to take care of the condensation from the shop steam house, bakery, hosehouse and proposed coffee and spice house. Additional heating surface has been furnished for ward and the new basement dining-room. Nine rainwater cisterns have been connected with the steam pump in the pumproom, to make the water available for use in the boilers. A new water heater has been placed under the administration building. New machinery has been bought for the laundry, namely, a 12-inch steam mangle, a 42-inch extractor, a washing machine, a cuff and cuff starcher, a combination bosom, collar and cuff starcher, in addition to which the laundry shafting has been thoroughly overhauled. A large section of the piggery has been reconstructed. A new henhouse of modern design has been built, to accommodate 600 fowls. The ventilation of the administration building has been improved by providing for an intake from the outside through boxes. At Graycroft a water tank has been built in the attic, the stables and piggery have been reconstructed, and many odd jobs have been done by attendants and assistants. More important than the foregoing has been the work done during the year at the hospital spring, in substantial accordance with the plan of Mr. Gerhard, C. E., and described in detail in the annual report. A gathering conduit of brick, with flag joints, six feet high, with a flow line at a depth of nine feet below

Utica State Hospital—Annual Report

ce, has replaced for 656 feet of its length an 18-inch vitrified that had become choked with willow roots. Thus is secured, as we believe, permanently, an abundant flow of crystal water into our reservoir. This work was done entirely by our own mechanics, assisted by hired laborers and an army of strong and brawny patients. It was a most creditable piece of work. In connection with this improvement, it has become necessary to apprise the Globe Woolen Company, who own adjacent lands, of what the hospital conceives to be its rights with reference to this precious water privilege. And here one may mention certain depredations committed by employes of the Delaware, Lackawanna and Western Railroad Company, by cutting down, without warrant whatsoever, certain timber growing on these spring lands under the pretext that they endangered the safety of life and property. Valuable trees distant from the trunk by many times their height fell a wanton sacrifice to the axe, thus imperilling our water courses by removing shade and aesthetically inviting marauding vagabonds to help themselves, for a consideration, their neighbors, openly and by stealth, to the felled and sawed timber. Notwithstanding a zealous execution by the superintendent, the timber thieves escaped punishment, although the Delaware, Lackawanna and Western Railroad Company has promised to make compensation for its share in the perpetration of a mischief for which it alone was primarily responsible. The adjustment of this matter is in the hands of the counsel of the hospital, who claims \$500 damages. The 18-inch sewer pipe taken from the spring has been used to our advantage to drain the garden, enough extra pipe having been bought to make the total length of the drain 650 feet.

ELECTRICAL DEPARTMENT.

The electrical department has undergone improvement in directions so various as to preclude detailed statement. Much new work has been done, many new lights added, and, to minimize the danger from fire, controlling switches have been provided here and

Utica State Hospital—Annual Report

there. There still remains unwired according to modern requirements wards 17, 18, 19, 20, 22, 23, 24, 26 and 27 of the women's division and wards 4, 5 and 9 of the men's. The wiring of the infirmary, while more recent, is little, if any, better than the wiring of the other buildings and also needs early attention. The plant, though still adequate to present needs, is surely growing the capacity of existing machinery. During the two years about 250 lamps have been added to the load, making a total of 1,789. Two years ago one engine and two dynamos sufficed to carry our heaviest load, whereas now two engines and three dynamos are operated regularly. The department has been equipped during the year with a Western Electric Wheatstone bridge testing set.

THE GARDEN.

The managers call particular attention to the report on the yield of the garden. Under the intelligent management of a skilled gardener, keenly interested in his work, the productivity of this department has been remarkable. Crop after crop has sprung up as if by magic and every available inch of ground has been cultivated to its utmost limit of fruitfulness. The beauty of the garden in all its exuberant abundance and careful tilling has been a matter of frequent comment by wayfarers, withal an object lesson in practical horticulture for the people.

THE MANUFACTURING DEPARTMENT.

This department has grown apace. Great demands have been made upon us for manufactured wares and at times it has been difficult to keep up with orders. The printing office and the bindery have been especially active, five presses have been constantly at work in the former, and in the latter it has been one could do with the plentiful appliances at hand to meet the steady demand on its resources. There has been bustling activity everywhere and the patients have reaped the benefit that the shoplife is designed to bestow. It is proposed to

Utica State Hospital—Annual Report

ing in the near future as a new industry and thus the harnesses required for the more than a hundred general service. Under this head, too, should be the coffee and spice plant now in course of erection. It will be an annex to the warehouse, two stories $18' \times 24''$. It will contain modern machinery for grinding and grinding spices for all the State hospitals. It reflects how much can be done at Utica to advance the patients through the medium of these diversified industries. The patients feel grateful for a central location and the other which place this precious means of treatment within patients.

NEEDS.

In the annual report the managers enumerated at length the needs for the year. As but little has been done to supply so many of them as seem urgent are re-stated for

as made of a building for acute cases for women, necessity therefor stated in detail. While the conditions are at Utica, they have not materially altered elsewhere. It seems likely that this hospital must wait still for improvement.

A building for nurses, to accommodate forty, a compromise is proposed such as is likely to prove more satisfactory, namely, so to reconstruct the center building as to add a third and fourth stories for, say, fifty women employing nurses, and to fit up the second story, that is, the resident's apartments, as quarters for the resident medical officers. The propriety of building a separate building for the medical superintendent has been mentioned and renewed the recommendation now, and while the proposition is justified on several grounds, we emphasize its desirability on the score of utility alone without reference to fitness. It is but right to state that the recommendation is made,

Utica State Hospital—Annual Report

not by the superintendent himself whose attitude in this matter does not seem to express a decided personal preference. It emanates from the Lunacy Commission which sees an opportunity in this plan for increasing the capacity of the hospital at a cost lower than would be possible if one should erect new buildings for the insane. If fifty nurses leave the wards to occupy quarters in the center building, accommodations will be provided in this way, by rooms thus vacated, for more than an equal number of beds for patients.

The condition of ward IV is an old story. If we are to continue to use it for patients, it will need rebuilding. A more economical plan would be to adapt it to the purposes of quarters for male attendants. This could be done at small expense. In this way, accommodations would be found in the other wards for patients, in the rooms formerly occupied by attendants, with a possible gain of a bed or two. Moreover, it would be possible by thus discontinuing the use of a ward to reduce the number of staff. As regards the attendants, it would inure to their comfort and welfare to secure for them a home off the wards. It is estimated that the reconstruction of ward IV for patients would cost about \$30,000.

The forlorn condition of the roads about the hospital in winter weather is always an eyesore. This condition seems to be excusable on account of the age of the hospital, which by the time should have good roads. Something more than laying stone and gravel on the surface and patching here and there is necessary. A thorough and scientific reconstruction of our roads would involve an expenditure of \$5,000. In view of the increased traffic by reason of our manufacturing department and the heavy loads of coal that are transported daily to the boiler-house, these repairs are more necessary than ever. For good rights, the road from York street to the boiler-house should be paved with sandstone. Cost, \$2,600.

The covering of our steam pipes is still an uncompleted task. This is a repair which would very soon pay for itself in the saving of fuel. The cost would be about \$700.

Utica State Hospital—Annual Report

an feed water heater for boilers is needed, the cost including installation, would be \$1,100.

Also needed a new engine lathe, 12 inches swing, 5 ft. spindle. Cost, \$190.

Water system throughout the entire building is old. Interests of economy and efficiency ought to be thoroughly considered. Some of the pipes are so choked with lime for little practical use. The whole system should be replaced. This would cost \$5,000.

Also needed to the floors and ceilings in the cold storage. Cost, \$1,000.

When an allotment was received for a new iron fence around the hospital. The sum sufficed for less than half of what was needed. We now ask for \$2,350 to complete it.

Expenditures made elsewhere to the increased efficiency of the hospital. More could be done if additions could be secured to the manager's hothouses. Two buildings, each 60 ft. long, 12 ft. wide, and repairs to the old hot-houses amounting to \$1,000 were needed for last year. The managers renew the request. The tin roofing and gutters will involve an expenditure of \$1,000.

A sterilizing and washing machine is also greatly needed. In this machine steam is held under a pressure of 15 lbs., by which a temperature of 259 degrees is obtained. The sterilizing process can be performed, then the washing without rehandling the linen in any way. It really does two machines in one, being a good washer, a sterilizer and a drier. The cost of this machine would be \$475.

Building belonging to the hospital, on the Erie canal, built in 1850, and at one time used for storage for coal, has become old and propped up from time to time until now it is in advanced decay, rendering a reconstruction necessary. Presently it is used as a boat-house for the hospital's boats and for the storage of farm wagons and tools. It should be torn down and in its place should be built a suitable boat-house. Cost, \$700. This is the

Utica State Hospital—Annual Report

more necessary in view of the repairs that are now being made to the Erie canal.

A storehouse for wagons and agricultural implements is needed. This could be provided in connection with a room for the gardener, which is also a great necessity. Under existing conditions, it is necessary to crowd wagons and tools into the building here and there wherever there is cover, and many times the absence of proper accommodations involves exposure of the hospital property to the weather. A building for this purpose, 20 feet, of brick, two stories high, with a root cellar, would cost \$5,000.

The reconstruction of wards 21 and 25 is a wearisome task. The managers have referred to it over and over again. These wards, as has been explained so often, are the only two wards in the women's division which have not been reconstructed. The wood-work is defective because it is old, and in the room where the wood should be substituted for the much worn and splintered pine floors. We ask for \$5,600 for this purpose. This reconstruction does not include the new windows that are needed in these wards and elsewhere, to replace the old ones which rattle noisily by the wind which whistles through them to the discomfort of the patients night and day. If this were done there would be considerable saving in fuel. Cost, \$2,450.

A ventilator is needed for the engine-house to make life more comfortable, especially during hot weather. The temperature last summer ran up on one occasion to 110. Four hundred dollars would make this provision.

A cistern, with sewer connections, should be provided in the basement of the male wing, beneath ward 1. Cost, \$140.

ACKNOWLEDGMENT.

The managers acknowledge courtesies extended by the Board of Commissioners, whose readiness to meet all pressing demands with willing promptness has been an agreeable experience. Managers and commission have borne themselves each towards the

Utica State Hospital—Annual Report

dict or disagreement and look forward to like pleasant
ing the coming year.

endants and nurses of the hospital, who in the im-
of the patients have shown themselves worthy fol-
worthy calling, the managers tender sincere thanks.
of departments and mechanics a like acknowledg-

The hospital is fortunate in possessing in all its
ood corps of men and women whose efficient service
it is a pleasure to recognize.

erintendent and his assistant medical officers, they
arty vote of commendation, and in congratulating
y do, on the results of their year of work, assure them
an abiding confidence in their devotion to the noble
ch their services are enlisted.

ch is respectfully submitted,

W. STUART WALCOTT,
GEORGE E. DUNHAM,
CHARLES S. SYMONDS,
JOHN W. MACLEAN,
THOMAS F. BAKER,
MARIETTA D. COXE,
LIZZIE W. CONSTABLE.

Utica State Hospital—Annual Report
REPORT OF THE TREASURER

For the year ending September 30, 1897.

Receipts.

Balance on hand October 1, 1896.....		\$3,
Received from State Treasurer for maintenance	\$168,616 62	
Received from State Treasurer for appropriations	76,485 95	
Received from reimbursing patients...	8,415 14	
Received from private patients.....	17,800 61	
Received from steward's sales.....	5,170 46	
Received from manufacturing depart- ment	10,777 62	
Received from interest on bank account,	369 02	
Received from moneys reimbursed by Fulton, Montgomery and Oneida counties, \$10 each.....	30 00	
		287,

\$291,

Expenditures.

Paid officers' salaries.....	\$16,537 61	
Paid wages	80,713 16	
Paid provisions and stores.....	52,504 23	
Paid ordinary repairs.....	6,611 29	
Paid farm and grounds.....	7,063 66	
Paid clothing.....	6,175 86	
Paid furniture and bedding.....	8,628 16	
Paid books and stationery.....	1,466 23	
Paid fuel and light.....	12,864 33	
Paid medical supplies.....	3,544 10	
Paid miscellaneous expenses.....	4,063 91	
Paid transportation of patients.....	1,498 18	
Paid construction.....	76,495 22	
Paid manufacturing department.....	6,351 18	
		284,

Cash balance in bank October 1, 1897..... \$7,

Utica State Hospital—Annual Report

REPORT OF THE SUPERINTENDENT

Board of Managers of the Utica State Hospital:

gent to statute, I have the honor to submit the fifty-fourth report of the Superintendent, together with the usual tables.

were in the hospital on October 1, 1896, 493 men and women, a total of 1,016. There have been admitted since, and 115 women; total, 225; there were discharged recovered; improved, 50; unimproved, 10; not insane, 12; and died 70; leaving in the hospital on September 30, 1897, 472 and 527 women, a total of 999. The average population for the year was 482 men and 532 women, a total of 1,014. The result is thus an improvement upon last year, there having been 15 recoveries and 15 fewer deaths, as well as 5 more discharged not insane. As not recovered, there were discharged 60, instead of 125 the previous year.

It may be stated here that the tendency nowadays is happily to regard recovery as a criterion of discharge rather than to regard self-control as the measure of fitness to live again the free world. The provision of discharging patients on parole as a primary test of mental poise has been of the greatest service to patients, while it has inured to the benefit of the State by shortening the average duration of treatment. Again, homes have been found outside, among relatives and others, for those who are hardly insane within the strict meaning of the law and who require only nominal supervision without its irksome customs.

Experience in thus relieving the hospital of the care of men and women, many of whom had come to be regarded as fixtures, has very forcibly the inquiry whether boarding-out, as practiced successfully in Scotland, is not adapted to American conditions of life and likely, as a practical measure of treatment, to solve at least temporarily, the problem of extra accommodation for the insane. From a recent monograph on this subject by the Commissioner in Lunacy for Scotland, it appears that

Utica State Hospital—Annual Report

2,700 insane persons or 23 per cent. of the pauper insane of the State are provided for in private dwellings. To furnish accommodation for these patients would require, according to this authority, an immediate outlay of \$5,000,000, and he estimates that over \$10,000,000 have been saved in buildings and \$5,000,000 in maintenance by the operation of this system in Scotland during the past forty years. But setting aside all considerations of money, is it not a distinct gain to be able to surround a patient with home comforts and pleasures, no substitute for which, no matter how palatial the State mansion may be, can be found in the large public institution? "If it is true," says Sir Alexander Mitchell, the ardent advocate of boarding-out in Scotland, "it is true of any single patient that his happiness and enjoyment can be thus increased, the State has no right to deprive him of that blessing, even if it cost a little more instead of a good deal less." There is, perhaps, something in the view that long confinement with asylums tends to make us not always trustworthy in our estimate of what patients among the incurable could with advantage live under private care in non-institutional surroundings. Against that other view, widespread and born of a curious purblindness, that our farming class, an amalgam of husbandmen of many different types, is *sui generis* and of a nature that does not lend itself to treatment — in that view there is surely little.

These remarks are suggested by the experience of the young man at Gracemore, this being the name of the agricultural colony managed by the main hospital. On this leased farm over twenty patients, nearly all of them of the chronic class, have been working, effectively and happily, since spring. There is no reason about our little Gheel to suggest an unpleasant custody. The men lead the life of the average farmer elsewhere. It is not a hard life, it is the life to which they have been reared; it is the life — best test of all — in which they are happiest. So gratifying has the experiment been, not only as it affects the colonists, but in practical results as regards crops, that it is hoped most earnestly that the managers may succeed in making it possible to purchase the farm of 160 acres on which the State has an

Utica State Hospital—Annual Report

IMPROPER COMMITMENTS.

Insanity Law of 1896 clothes the superintendent of a hospital with authority to determine whether or not a patient is insane, "within the meaning of the statute." It is an arbitrary power, but, if discreetly exercised, a most useful power so far as it prevents abuse of the State hospital system by the commitment of unsuitable persons. The tendency—one may say the natural tendency—has been to attempt to secure commitment to our care and custody of persons who are feeble-minded. Before the passage of the State Care Act, such persons drifted into almshouses. So long as the county was responsible for their maintenance, it was quite willing to furnish a cheaper care, but if it could be relieved of all financial responsibility by shifting the burden on the State, so much the better. Thus have arisen differences of opinion between officers of the poor and ourselves as to what constitutes insanity under the law, and under that law, it must be admitted, the superintendent has the best of the argument. The question having come before the Supreme Court, in an application to punish Dr. J. M. Dent, the medical superintendent, and Dr. A. E. Macdonald, the general superintendent, of the Manhattan State Hospital, for contempt of court for disobeying the order made by Justice Pryor to commit a certain patient to that institution, the following was held as follows:

The case rests, in my opinion, entirely upon the construction to be given to section 62 of the act of 1896, and as that section has already stated, vests in the superintendent the power, in his judgment the person committed is not insane, to refuse to receive him in the hospital, it necessarily results that this refusal can be denied."

In reaching a decision this hospital has taken into consideration not only the facts of the patient's infirmity but the ability or otherwise of the family to care for the patient at home. The feeble-minded appeals strongly to one's sympathies, but to yield to the pressure brought by an embarrassed overseer of the

Utica State Hospital—Annual Report

poor would soon end in filling one's wards with a class of folk for which it does not seem that the Legislature intends to provide in the State's hospitals for the insane.

TREATMENT OF THE ACUTE INSANE.

On the other hand, great efforts have been put forth in the treatment of the acute insane and the results of treatment have been encouraging. With reference to ordinary sickness the word "treatment," as used by physicians and understood by the public, is somewhat restricted in significance and application. When employed by the alienist, "treatment" becomes one of the inclusive words in the language, embracing, as it does, all that makes not only for the relief and cure, but for the general welfare of the insane. Assuming this broad definition, our report shows that there has been unusual activity of treatment during the year. In the first place, a greater effort has been made to differentiate the sick from the well of body and to secure for the former such special hospital care as this physical condition has demanded. This has been done by concentrating the best resources of the house in reception wards and purveying with reference to fresh cases the methods of remedial care obtain in general hospitals. In this way only can a hospital for the insane do its full duty in taking with promptness and thoroughness the proverbial stitch that saves many times the cost and thus restoring to health and home a patient who would otherwise become a chronic invalid and a lifelong charge upon the State. This being so, one can not overestimate the importance of securing for this institution, when funds shall be available for the purpose, a special hospital department, constructed and equipped on modern lines and fully abreast of the exacting requirements of our art. If we can not have such a building for lack of funds, let us at least go on record as appreciating the needs and declaring our readiness to do the best that present conditions permit. Having referred so many times to this subject, it must suffice to make this brief mention of it now.

Utica State Hospital—Annual Report

the reference be taken less as the excuse of poor workmen and poor tools than as the expression of a desire upon the medical officers to be placed in a position to cope manfully with the practical problems of mental disease. Much has been accomplished in this matter of treating acute sickness by the adoption, after very careful deliberation, of clinical blanks and charts which shall be used at the bedside, thus superseding the cumbersome case-book in which entries were made and with less scientific accuracy and detail. Clinical facts are taking the place of glittering generalities, and platitudinous reference to things irrelevant is no longer made a part of the treatment. The patient is regarded and treated as such. His blood and secretions are examined, careful note is taken of his circulation, his sleep, his food, his weight, and the significance of these facts is weighed with reference to treatment. In thus approaching the patient from the physical side, eccentric conduct, which was formerly mere expression of his bodily condition, occupies as it now does a subordinate place in the symptom-complexus. In other words the more we view the acute patient other than in the light of an ordinary invalid, the less satisfactory is our work likely to become, and as a corollary to this proposition, the more we regard ourselves as practising medicine on a basis different from that upon which our brother of the general profession practises, the less thorough must be our treatment. It is high time that the specialty of mental disease were taken out of the realm of mediaeval mystery and put upon a plane with other specialties of the body; high time, too, that physicians of the mind should realize that they are physicians of the body. Never has there been a time when the signs of a clearer atmosphere were so plentiful as to-day. Laboratories, physiological, chemical, pathological and the rest, are springing up here and there like many radiating foci of the new doctrine and a greater brightness is the consequence. We are less prone to regard insanity as necessarily an incurable disease nowadays and more ready in the use of weapons to fight it in proportion as we

Utica State Hospital—Annual Report

become more skilled in handling them. There has been a fusion of new blood into psychiatry during the past years, and the future seems full of promise. Neither research been confined to exclusive work in the asylum itself. The Pathological Institute of the New York State hospitals, situated in New York city, constitutes a distinct departure from the beaten track. This department provides for a broadening out of the whole field of study along comprehensive lines. By and by psychiatry will have more distinct methods of its own, and we shall be greatly disappointed if the Pathological Institute does not do much to accomplish that desideratum. The effects upon the nervous system of general bodily diseases of every-day occurrence are being made the subject of careful study and there is no doubt that in this way the pathogenesis of mental disease will have new light shed upon it.

It is appropriate in the general discussion to refer to the special training of nurses as an important factor in the new work. The recruit is not a raw recruit. The entrance examination to the class determines the capacity of the attendant and enables the examiner to decide whether the candidate shall be enrolled for the lecture course. By this process of selection the average intelligence of the class has been raised and a better nurse has been the result. Not only so, but the smaller class makes greater individual attention possible, and by giving all an opportunity to serve on occasion in the reception wards, the facilities for bedside instruction have been improved. It has been gratifying to observe the interest with which our nurses have followed the lectures as well as the zeal of their co-operation with the physicians.

NEW WORK.

The managers having themselves enumerated the several improvements made during the year, it is useless for the superintendent to traverse the same ground. As a matter of history, however, it may not be out of place to say something more about the

Utica State Hospital—Annual Report

STATE HOSPITAL SPRING.

There is now no possibility of a recurrence of obstruction of choking willow roots, it can not be said that all a diminished water supply has been averted for all will be remembered that in the Legislature of 1887 an act was passed permitting the Commissioners of the Land Office to sell at public auction or private sale all the lands of the abandoned Chenango canal between the southerly line of the city of Utica and the Sauquoit creek, in the town of New Hartford. This was done, very wisely, a reservation to the protection of the water as used by the asylum. The report of the Commissioners of the Land Office for 1887 recites: "The Globe Woolen Company made application to purchase, pursuant to the Acts of 1883, Laws of 1887, certain abandoned Chenango canal lands between the southerly line of the city of Utica and the Sauquoit creek, in the town of New Hartford, county of Oneida. The application was endorsed by the State Engineer, approved by the Board of Supervisors, and the sale recommended, for a very small sum (10 cents per acre), to the Globe Woolen Company, "Subject to a perpetual easement to the trustees of the State Lunatic Asylum for the protection of the supply of water and the maintenance and operation of the water-works of said asylum across said lands." Letters patent were issued to this company with that reservation, and it thus acquired title to a piece of property skirting the State Hospital spring. The land was sold at private sale, and the managers of this institution would have been glad of the opportunity thus to secure their water supply against all possible impairment, were it not for the opportunity to purchase. It would seem churlish and unbecomingly unbusinesslike to this bit of business enterprise, legitimate in its nature, doubt, on the part of a wide-awake corporation, while its officers were napping, wholly unconscious that a precious privilege was slipping through our fingers. Neither would it be surprising now if the reservation contained in the deed as recorded in the county clerk's office had not been violated. It cites:

Utica State Hospital—Annual Report

“Subject to a perpetual easement to the trustees of the Lunatic Asylum at Utica for the protection of the surface water and the maintenance and operation of the water-works of said asylum upon and across the lands hereinabove described.”

Note, please, that not alone shall the maintenance and operation of the water-works be protected, but the supply of water to itself. What happened after the purchase? The Globe Woolen Company began at once to deepen the Chenango canal by excavating ten feet, with the immediate and inevitable result of materially reducing our water supply. Soon thereafter it became necessary for us, at considerable expense, to increase the capacity of the gathering main. It was this main which has just been taken up and choked with willow roots, to be replaced with a brick main lined with flag bottom. But no sooner had our workmen left the premises than others made their appearance in the area of the canal bed, with pick and shovel, and began digging again. The apparent object of profiting for their employers by the results of our expensive undertakings. That water has thus been filched from our reservoir is shown by measurements carefully taken. Moreover, by levels carefully taken, it is shown that the surface of water in the canal bed is thirteen inches lower than the surface of water in our spring. If it be averred that the work is done merely to prevent loss by evaporation, then the laying of a water pipe in the canal bed would answer a better purpose. It is a significant fact that while our work was in progress the spring property was visited almost daily by the engineer of the Globe Woolen Company, who carefully and silently scrutinized the operations of our army of men and patients, and brought on his own gang in the manner and with the result stated. The old canal bed has been lowered at least four feet since the Globe Woolen Company acquired its property. At least about one foot of this has been dug since the completion of our last work. If further proof of diversion of water into the canal channels from our reservoir be needed, it can be found in the fact that while its conduit leading from its source of supply

Utica State Hospital—Annual Report

arm there issues a stream but twelve inches wide and
s deep, along the line of the hospital territory, where
bed has been lowered, in violation of the reservation
which the land was acquired, the width of the stream
n inches and its depth five inches. Surely the interests
spital demand that its rights in this most important
all be asserted and, if need be, enforced.

SALE OF WATER LOTS.

risk of appearing as a common scold, I desire to call
tion to another grievance. Under chapters 15 and 274
ws of 1897, authority was given to the Land Office to
blic auction certain lands long held by this hospital for
ction of its water-works. The line of our pipe having
ged, these so-called water lots, situated now in a popu-
growing part of the city, became a useless possession
ere glad to make the necessary certificate which made
ic sale possible. An effort to make the proceeds of the
able for the behoof of this hospital by inserting a clause
ills that the moneys thus accruing should be paid to
er, failed of acceptance to their introducers. But this
s happily righted by chapter 460, appropriating money
upport of the insane, by the provision that "all moneys
or or on account of the sale of the lands of any hospi-
be paid to the treasurer of the hospital where such
situated, and shall be available for the use of said
subject to estimates approved by the Commission."

hospital became at once an interested party in this con-
sale of valuable city lots, and by your direction, as
the suggestion of the Lunacy Commission, I appeared
ssion of the Land Commissioners held this month at
d argued, though apparently with great feebleness, the
e hospital, respectfully begging that the auction be held
rather than at a distance of a hundred miles, to the
would-be buyers might have a chance to bid, and, what
more important, that maximum prices might prevail at

Utica State Hospital—Annual Report

the sale. The matter was considered in executive session and the unfortunate result that the sale was ordered to be held in Albany, thus excluding from all opportunity to purchase the humbler folk who reside in the neighborhood, and who do not go to the trouble and expense of a visit to Albany, to nothing of the awe which such an unwonted journey inspires in the minds of the unsophisticated, though perfectly solvent citizens of West Utica.

THE MEDICAL STAFF.

Dr. E. Carson Gibney, medical interne, resigned in August to enter upon general practice in New York.

Dr. H. L. K. Shaw, of the resident medical staff of St. Elizabeth's Hospital, Albany, and who had already had practical experience in State hospital work at the St. Lawrence State Hospital, was appointed junior assistant under the civil service rules and reported for duty in July.

It is with regret that I announce the resignation of Dr. J. M. Teeter, to take effect October 31st. For three and a half years Dr. Teeter has served this hospital with fidelity and efficiency, showing himself a well-equipped physician and capable of research. He has done good and close work in the laboratory and in the results of that research in his practical work in the wards. He leaves the service to enter the ranks of general practice in the city of Utica, and will take with him the best wishes of the medical staff, wishes which I know are fully shared by the members of this board who have always appreciated his loyal service to the State.

ACKNOWLEDGMENT.

To the Commission in Lunacy the hospital is indebted for the appreciation of its necessities and the exhibition of a desire to minister to them limited only by considerations of finance.

To you, members of the board of managers, I express once more my sincere thanks for much courtesy and much wise counsel, as well as for a rich and sustaining sympathy that has quickened effort, lightened labor and made service under your genial administration a pleasure indeed.

G. ALDER BLUM

September 30, 1897.

STATISTICAL TABLES

TABLE No. 1.

Improvement of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
October 1, 1896	493	523	1,016
During year ending September 30,			
al commitments:			
residences	109	113	222
fers from other institutions for			
e	1	2	3
Number under treatment during year.	603	638	1,241
ge population	482	532	1,014
institution	486	514	1,000
During year:			
ered	47	53	100
ved	27	23	50
proved	6	4	10
isane	10	2	12
.....	41	29	70
Number discharged during year....	131	111	242
October 1, 1897	472	527	999

aged—not insane	{ Men	{ Inebriates	8
		{ Opium habitues	1
	{ Women	{ Dotard	1
		{ Inebriate	1
		{ Dotard	1

Utica State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening.....	Jan. 1
Total acreage of grounds and buildings.....	
Value of real estate, including buildings.....	\$1,000
Value of personal property.....	87
Acreage under cultivation.....	
Receipts during year:	
Balance in hand October 1, 1896.....	\$3
From State treasury for maintenance on estimates 1 to 12, inclusive.....	168
From private patients.....	17
From reimbursing patients.....	8
From all other sources.....	5
Total receipts for maintenance.....	\$204
Received from manufacturing department.....	\$10
Total receipts from State Commission in Lunacy for extraordinary improvements.....	76
Balance in hand October 1, 1897.....	
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries.....	\$16
Estimate No. 2. For wages.....	80
Estimate No. 3. For provisions and stores.....	52
Estimate No. 4. For ordinary repairs.....	6
Estimate No. 5. For farm and grounds.....	7
Estimate No. 6. For clothing.....	6
Estimate No. 7. For furniture and bedding....	8
Estimate No. 8. For books and stationery.....	1
Estimate No. 9. For fuel and light.....	12
Estimate No. 10. For medical supplies.....	3
Estimate No. 11. For miscellaneous expenses...	4

* 160 acres rented.

† 120 acres rented.

Utica State Hospital—Annual Report

No. 12. For transportation..... \$1,498 18

disbursements, estimates 1 to 12, inclusive..... \$201,670 72

disbursements during year for extraordinary improvements under apportionments by Commission in Lunacy..... \$76,495 22
disbursements, manufacturing department..... 6,351 18

October 1, 1897:

maintenance fund..... \$2,624 45
improvements by State Commission in Lunacy
extraordinary improvements..... 12,570 02
manufacturing department..... 4,426 44

Normal rate of wages paid attendants:

nurses..... \$33 00
\$26; nurses..... 29 00

Normal rate of wages paid attendants:

nurses..... 25 00
\$13; nurses..... 20 00

Ratio of day attendants to average daily population..... 1-10

Ratio of night attendants to average daily population..... 1-70

Percentage of daily patient population engaged in each kind of useful occupation..... 60 per cent.

Estimated value of farm and garden products for year (Graycroft, \$3,000)..... \$25,263 45

Estimated value of articles made or manufactured during year..... 10,500 00

Utica State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted
the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDI-	
	Men.	Women.	Total.	Men.	Women.
Moral:					
Adverse conditions (such as loss of friends, business troubles, etc.)	12	9	21	2	1
Mental strain, worry and overwork (not included in above). . .	8	11	19	3	5
Religious excitement. .	5	6	11	.....	2
Love affairs (includ- ing seduction)	2	1	3	.....	1
Physical:					
Intemperance	7	1	8	1	.....
Sexual excess.	1	1	2	1	1
Veneral diseases. . . .	2	.....	2	.....	.....
Masturbation	3	.....	3	1	.....
Sunstroke	6	2	8	3	.....
Accident or injury. . .	9	1	10	4	.....
Parturition and puer- perium . . . . .	.....	6	6	.....	1
Change of life. . . . .	.....	8	8	.....	3
Fevers	2	4	6	2	1
Privation and over- work.	1	1	2	1	.....
Epilepsy	1	1	2	.....	1
Diseases of skull and brain	1	.....	1	.....	.....
Old age.	4	1	5	1	.....
Epidemic influenza. .	2	4	6	.....	2
Abuse of drugs.	1	1	2	1	.....
All other bodily dis- orders and ill health	4	6	10	3	2
Heredity	1	9	10	1	9
Congenital defect. . . .	.....	1	1	.....	.....
Unascertained	29	37	66	4	7
Not insane.	9	4	13	.....	.....
Total	110	115	225	28	36

Utica State Hospital—Annual Report

TABLE No. 4.

Forms of Insanity in Those Admitted, Recovered and Died
 during the Year Ending September 30, 1897, and Since October 1,

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Acute delirious	2	.....	2	2	.....	2
Acute	56	41	2	*785	355	85
Recurrent	6	2	....	38	22	1
Chronic	12	.....	5	262	5	48
Mania, acute	62	28	12	*975	449	85
Mania, simple	22	18	6	22	18	6
Mania, chronic	16	.....	7	228	18	79
Circular (circular) insanity	1	1	1	11	2	2
.....	6	.....	....	6	.....	....
Paralysis	6	.....	12	163	.....	165
Primary	1	.....	2	23	10	2
Terminal	16	.....	15	655	.....	257
With insanity	4	.....	5	144	3	40
With maniacal at-	3	.....	....	28	.....	4
.....	.....	.....	....	1	.....	....
Defective	12	.....	1	68	.....	1
.....	.....	.....	....	37	.....	....
Total	225	100	70	3,448	882	777

g those previously reported as subacute.
 cases of alcoholism, drug habit, etc.

Utica State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms . . .	22	31	53	24	22	46	46	53	99
{ First admission . . .									
{ Second admission . . .	3	1	4	2	1	3	5	2	7
{ Third admission . . .	.....	1	1	1	.....	1	1	1	2
Mania in acute forms	14	16	30	13	17	30	27	33	60
{ First admission . . .	1	3	4	.....	4	4	1	7	8
{ Second admission . . .	.....	1	1	1	2	3	1	3	4
{ Third admission . . .	.....	1	1	.....	.....	.....	.....	.....	.....
All other curable forms . . .	14	10	24	20	12	32	34	22	56
{ First admission . . .	4	2	6	2	1	3	6	3	9
{ Second admission . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Third admission . . .	1	1	2	1	1	2	2	2	4

Utica State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	14	21	35	8	6	...	9	4	5	9	5	11	16	23	16	39
Second admission.	1	1	2	6	5	...	2	1	1	2	1	...	1	2	...	2
Third admission.	1	1	2	3	2	...	...	...	...	...	...	...	...	...	...	...
Mania in acute forms.	11	17	28	6	5	...	5	...	...	...	2	8	10	14	8	22
Second admission.	1	2	3	2	9	...	...	...	...	...	...	1	1	...	4	4
Third admission.	...	...	...	1	3	...	5	...	...	...	...	...	...	1	1	2
All other curable forms.	16	6	22	1	1	1	8	1	1	2	5	6	11	12	9	21
First admission.	3	2	5	6	5	...	5	...	...	...	...	1	1	3	...	3
Second admission.	...	1	1	3	1	1	1	...	...	...	...	...	...	1	...	1
Third admission.	...	...	...	...	...	1	1	...	1	1	1	...	1	1	...	1

Utica State Hospital—Annual Report

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	19	20	39	1	.....	1	165	138	303	4	3	7
One to three months	11	22	33	11	14	25	96	132	228	87	77	164
Three to six months	3	2	5	15	14	29	45	62	107	158	125	283
Six to nine months	3	3	6	9	16	25	35	31	66	90	97	187
Nine months to one year	2	.....	2	3	4	7	15	9	24	34	49	83
One year to eighteen months ..	1	.....	1	4	3	7	20	21	41	40	48	88
Eighteen months to two years ..	.....	.....	.....	1	1	2	3	.....	3	4	11	15
Two to three years	1	1	2	1	.....	1	6	9	15	21	11	32
Three to four years	1	1	2	1	.....	1	5	3	8	9	4	13
Four to five years .....	.....	.....	.....	.....	.....	.....	4	2	6	2	1	3
Five to ten years .....	.....	.....	.....	1	1	2	8	1	9	3	3	6
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	3	.....	3	1	.....	1
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	6	4	10	.....	.....	.....	48	21	69	.....	.....	.....
Total	47	53	100	47	53	100	453	429	882	453	429	882

* Includes cases of alcoholism, opium habit, etc.

Utica State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.
	Men.	Women.	Total.	Men.
Abscess, general and chronic meningitis,	2
Abscess of lung and liver	1
Alcoholism, acute, and heart failure	1
Angina pectoris.....	1
Apnoæ asphyxia	2
Appendicitis	1
Asthenia	3	3	6	88
Asthenia and chronic meningitis	3
Bronchitis, capillary	1
Carcinoma of breast
Carcinoma of intestines.....	1	.....	.....
Carcinoma of stomach	1	.....	.....
Carcinoma of stomach and peritonitis	1
Carcinoma of uterus.....
Cellulitis	2
Cerebral effusion
Cerebral embolism	1
Cerebral hemorrhage	4	2	6	21
Cerebral tumor	5
Cerebral tumor and cerebral hemorrhage
Choroid plexus, cystic degeneration of.	1
Cystitis	1
Diarrhœa.....	1
Diarrhœa, colliquative	7
Diphtheria
Disease of heart :
Failure of.....	1
Fatty degeneration of.....	1
Rupture of right auricle.....
Ulcerative endocarditis
Valvular	3	4	7	12
Dysentery.....	3
Empyema
Enteritis	2	2	4	4
Epilepsy	2	.....	2	6
Epistaxis	1
Erysipelas.....	4
Erysipelas, phlegmonous.....	1
Fecal impaction.....	1
Fracture of arm and asthenia.....

Utica State Hospital—Annual Report

Table No. 7—(Continued).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1889.		
	Men.	Women.	Total.	Men.	Women.	Total.
of leg and asthenia.....	1	....	1	1	....	1
of ribs and pleurisy .....	....	....	....	1	....	1
of foot .....	....	....	....	4	1	5
, pulmonary.....	....	....	....	2	....	2
.....	....	1	1	3	1	4
enteritis .....	....	....	....	....	2	2
paralysis.....	8	2	10	134	27	161
paralysis and cellulitis of thigh.....	....	....	....	1	....	1
cerebri.....	....	....	....	....	1	1
lysis .....	....	....	....	1	....	1
.....	....	....	....	2	....	2
strangulated... ..	....	....	....	1	1	2
is: Tracheitis, acute membran- .....	....	....	....	1	....	1
Acute delirious	2	....	2	4	1	5
s.....	....	....	....	....	1	1
is.....	2	....	2	13	2	15
chronic .....	....	....	....	1	....	1
is: te, diffuse .....	....	....	....	4	1	5
te, parenchymatous .....	....	....	....	1	....	1
onic, diffuse .....	....	1	1	6	5	11
onic, parenchymatous.....	1	....	1	1	15	16
onic and endocarditis.....	....	....	....	....	1	1
onic and enteritis .....	....	....	....	....	1	1
stitial .....	....	....	....	1	2	3
pulmonary.....	1	....	1	2	3	5
disease of brain.....	....	....	....	....	3	3
is: ar.....	....	....	....	....	1	1
phic spinal, sub-acute .....	....	....	....	1	....	1
itis.....	....	....	....	1	1	2
is.....	....	1	1	5	3	8
is, general and acute diffuse tis .....	....	....	....	1	....	1
is anemia.....	1	....	1	1	....	1
pulmonalis.....	1	5	6	26	44	70
effusion.....	....	....	....	....	1	1
ia .....	....	3	3	18	24	42
ia, pleuro.....	....	....	....	4	3	7
hemorrhagica .....	....	....	....	....	1	1
.....	....	....	....	1	....	1

Utica State Hospital—Annual Report

Table No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEP- TEMBER 30, 1897.			SINCE OCTOBER 1, 1888.	
	Men.	Women.	Total.	Men.	Women.
Rupture of aortic aneurism				1	
Rupture of carotid artery					
Sclerosis, lateral spinal					
Septicæmia	1	2	3	4	
Senility	7	1	8	26	1
Shock from fall					
Status epilepticus					
Suicide:					
Broken neck				1	
Cut throat				1	
Drowning				1	
Strangulation				6	
Syphilis					
Tuberculosis, miliary	1		1	1	
Uræmia				1	
Volvulus				1	
Sunstroke	1		1	1	
Total	41	29	70	460	31

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.	
	Men.	Women.	Total.	Men.	Women.
Paternal branch	12	25	37	159	174
Maternal branch	13	15	28	171	185
Paternal and maternal branches	2	2	4	58	59
Collateral branches	11	4	15	130	112
No hereditary tendency ..	57	54	111	385	315.
Unascertained	6	11	17	910	717
Not insane	9	4	13	59	14
Total	110	115	225	1,872	1,576

Utica State Hospital—Annual Report

TABLE No. 9.

Physical Condition of Patients Admitted During the Current Year and Since October 1, 1888.

PHYSICAL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	50	50	100	839	588	1,427
.....	49	43	92	835	652	1,487
.....	11	18	29	148	293	441
.....	.....	4	4	7	8	15
ed .....	.....	.....	.....	43	35	78
.....	110	115	225	1,872	1,576	3,448

TABLE No. 10.

Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	3	.....	3	35	2	37
.....	6	11	17	66	120	186
chool	95	92	187	1,200	1,053	2,253
rite .....	.....	.....	.....	208	115	323
.....	.....	1	1	95	60	155
.....	2	5	7	164	124	288
ed	4	6	10	104	102	206
.....	110	115	225	1,872	1,576	3,448

Utica State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.				SINCE OCTOBER 1, 1888.							
	DURATION PREVIOUS TO ADMISSION.			Total.	DURATION PREVIOUS TO ADMISSION.			Total.				
	Men.	Women.	Total.		Men.	Women.	Total.					
Under one month	8	6	14	6	4	10	65	39	104	69	38	107
One to three months	4	4	8	3	6	9	67	40	107	52	44	96
Three to six months	3	2	5	1	1	2	47	34	81	52	30	82
Six to nine months	1	4	5	3	.....	3	27	27	54	47	20	67
Nine months to one year .....	.....	2	2	1	1	2	17	18	35	27	26	53
One year to eighteen months	4	.....	4	5	.....	5	38	20	58	66	33	99
Eighteen months to two years	2	.....	2	7	2	9	14	7	21	24	26	50
Two to three years	6	.....	6	6	4	10	40	15	55	50	32	82
Three to four years	1	2	3	2	.....	2	25	10	35	26	23	49
Four to six years	3	2	5	2	7	9	22	16	38	22	20	42
Six to ten years	2	1	3	5	4	9	19	13	32	15	15	30
Ten to twenty years	2	1	3	.....	.....	.....	11	22	33	5	7	12
Twenty years and over	1	.....	1	.....	.....	.....	8	14	22	5	3	8
Not insane* .....	.....	1	1	.....	.....	.....	.....	1	1	.....	.....	.....
Unascertained	4	4	8	.....	.....	.....	60	41	101	.....	.....	.....
Total	41	29	70	41	29	70	460	317	777	460	317	777

Utica State Hospital—Annual Report

TABLE No. 12.

Ages of Those Admitted During the Current Year and Since
October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
to 10 years				1		1
to 15 years				2	4	6
to 20 years	2	5	7	59	58	117
to 25 years	15	11	26	141	105	246
to 30 years	8	13	21	191	157	348
to 35 years	10	9	19	240	185	425
to 40 years	19	15	34	260	161	421
to 50 years	27	27	54	404	350	754
to 60 years	13	18	31	244	234	478
to 70 years	12	9	21	195	185	380
to 80 years	3	7	10	91	93	184
to 90 years	1	1	2	27	35	62
to 100 years				1	2	3
Unlimited				16	7	23
Total	110	115	225	1,872	1,576	3,448

TABLE No. 13.

Ages of Those Discharged Recovered During the Current
Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
to 20 years	2	7	9	16	33	49
to 30 years	13	16	29	121	123	244
to 40 years	10	13	23	118	110	228
to 50 years	10	6	16	102	81	183
to 60 years	6	9	15	51	51	102
to 70 years	6	1	7	37	23	60
to 80 years		1	1	8	8	16
Total	47	53	100	453	429	882

Utica State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1	
	Men.	Women.	Total.	Men.	Women.
From 15 to 20 years.....				4	3
From 20 to 25 years.....	2		2	15	7
From 25 to 30 years.....		2	2	11	10
From 30 to 35 years.....	5	1	6	35	14
From 35 to 40 years.....	4	3	7	49	25
From 40 to 50 years.....	9	5	14	103	51
From 50 to 60 years.....	5	7	12	73	61
From 60 to 70 years.....	9	3	12	86	55
From 70 to 80 years.....	2	8	10	54	62
From 80 to 90 years.....	5		5	30	28
From 90 to 100 years.....					1
Total	41	29	70	460	317

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission
Patients Admitted During the Year Ending September 30, 1888.

DURATION OF INSANITY.	Men.	Women.
Under one month.....	27	30
One to three months.....	12	22
Three to six months.....	11	13
Six to nine months.....	10	6
Nine months to one year.....	2	1
One year to eighteen months.....	7	3
Eighteen months to two years.....	1	1
Two to three years.....	4	4
Three to four years.....	3	9
Four to five years.....	5	1
Five to ten years.....	2	2
Ten to fifteen years.....	2	1
Fifteen to twenty years.....		1
Twenty to thirty years.....		3
Thirty years and upwards.....		
Not insane*.....	9	4
Unascertained.....	15	14
Total.....	110	115

Utica State Hospital—Annual Report

TABLE No. 16.

Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
One month	10	5	15
Three months	17	11	28
Six months	18	22	40
Nine months.....	9	11	20
Ten months to one year	8	20	28
One year to eighteen months.....	45	37	82
Eighteen months to two years.....	31	29	60
Two years to three years.....	93	49	142
Three years to four years.....	57	60	117
Four years to five years.....	53	72	125
Five years to ten years.....	102	171	273
Ten years to fifteen years.....	12	21	33
Fifteen years to twenty years.....	5	7	12
Twenty years to thirty years.....	10	7	17
Thirty years and upwards.....	2	5	7
None*.....	.....	.....	.....
Total.....	472	527	999

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17.

the Occupation of Those Admitted During the Current Year and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional: Military and naval officers, physicians, law- yers, architects, artists, engineers, etc.....	5	2	7	51	3	54
Commercial: Merchants, ac- counts, clerks, sales- shopkeepers, shop- stenographers, writers, etc.....	5	.....	5	221	.....	221

Utica State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1	
	Men.	Women.	Total.	Men.	Women.
Agricultural and pastoral:					
Farmers, gardeners, herds- men, etc.....	26	.....	26	397	.....
Mechanics, at out- door vocations:					
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	24	.....	24	317	.....
Mechanics, etc., at se- dentary vocations:					
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	19	.....	19	275	.....
Domestic service:					
Waiters, cooks, servants, etc.....	.....	22	22	22	432
Educational and high- er domestic duties:					
Governesses, teachers, stu- dents, housekeepers, nurses, etc.....	2	59	61	14	760
Commercial:					
Shopkeepers, saleswomen, stenographers, typewrit- ers, etc.....	.....	2	2	.....	21
Employed in seden- tary occupation:					
Tailloresses, seamstresses, bookbinders, factory workers, etc.....	.....	19	19	.....	144
Miners, seamen, etc.....	.....	.....	.....	4	.....
Prostitutes.....	.....	1	1	.....	8
Laborers.....	25	.....	25	437	.....
No occupation.....	3	10	13	106	182
Unascertained.....	1	.....	1	28	26
Total.....	110	115	225	1,872	1,576

Utica State Hospital—Annual Report

TABLE No. 18.

the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

ACTIVITY.	YEAR ENDING SEPTEMBER 30, 1887.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
nt.....	1	1	2	11	3	14
.....					1	1
.....				2		2
.....		1	1		4	4
.....				1		1
.....				2		2
.....				1		1
.....				1	1	2
.....		1	1	7	10	17
etts				13	7	20
.....				2	1	3
.....				2	3	5
.....				1		1
eshire.....	1	1	2	2	3	5
y.....		1	1	4	7	11
.....	79	75	154	1,185	959	2,144
.....				4	2	6
nia		1	1	7	8	15
nd	2		2	5	1	6
olina.....				1		1
.....					1	1
.....		1	1	16	6	22
.....				4		4
nia				1		1
.....				2	3	5
es	1		1	16	9	25
.....	1		1	2	2	4
.....				4		4
.....	3	3	6	34	31	65
.....				7	2	9
.....	6	5	11	64	42	106
.....	1		1	6	5	11
.....	5	8	13	114	112	226
.....				1	1	2
.....				2		2
.....	8	10	18	199	232	431
.....	1	3	4	7	7	14
wick				1		1
.....		2	2	10	10	20
.....				1		1

Utica State Hospital—Annual Report

Table No. 18—(Concluded).

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER	
	Men.	Women.	Total.	Men.	Women.
Russia				4	
Scotland				10	
Sweden		1	1	.....
Switzerland.....				6	
Wales.....	1	1	2	27	1
Unascertained				83	6
Total	110	115	225	1,872	1,57

Of the total number admitted since the 1st of October, parents of 45.07 per cent. were both of foreign birth.

In 4.6 per cent. the parentage on the paternal side was while that on the maternal side was native.

In 2.5 per cent. the parentage on the maternal side was while that on the paternal side was native.

Utica State Hospital—Annual Report

TABLE No. 19.

the residence by Counties and Classification of Patients
mitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
.....	2	.....	2
.....
.....
us. ....	.....	.....	.....
.....
.....
.....
.....
.....
.....
.....	1	.....	1
.....
.....
.....	24	1	25
.....
.....	3	.....	3
.....	12	.....	12
.....
.....
.....	1	.....	1
ry	28	5	33
.....
.....	84	3	87
.....	1	.....	1
.....
.....	2	.....	2
.....
.....
.....
.....
ce .....	.....	.....	.....

Utica State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.
Saratoga.....	27	.....
Schenectady	22	.....
Schoharie.....	1	.....
Schuyler.....		.....
Seneca .....		.....
Steuben .....		.....
Suffolk .....		.....
Sullivan .....		.....
Tioga .....		.....
Tompkins.....		.....
Ulster.....		.....
Warren.....	8	.....
Washington .....		.....
Wayne .....		.....
Westchester.....		.....
Wyoming.....		.....
Yates .....		.....
Soldiers' Home.....		.....
Total.....	216	9

Utica State Hospital—Annual Report

TABLE No. 20.

the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
.....	54	65	119	1	2	3
.....	.....	.....	.....	.....	1	1
gus	1	.....	1	.....	1	1
qua	.....	3	3	.....	1	1
.....	1	.....	1	.....	.....	.....
.....	2	1	3	.....	.....	.....
.....	.....	.....	.....	1	.....	1
.....	22	26	48	.....	1	1
.....	1	.....	1	.....	.....	.....
.....	4	2	6	1	.....	1
.....	20	37	57	1	2	3
.....	.....	2	2	2	2	4
.....	.....	.....	.....	2	.....	2
.....	20	24	44	.....	2	2
.....	.....	1	1	.....	1	1
ery	35	34	69	1	5	6
.....	1	1	2	1	1	2
.....	186	200	386	8	7	15
.....	3	7	10	1	1	2
.....
.....	.....	.....	.....	1	.....	1
.....	1	1	2	.....	.....	.....
.....	.....	1	1	1	1	2
.....	1	.....	1	.....	.....	.....
.....	19	1	20	1	.....	1
.....	.....	.....	.....	2	.....	2

Utica State Hospital—Annual Report

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland				1		
St. Lawrence				1	1	
Saratoga	16	47	63			
Schenectady	38	21	59		1	
Schoharie	1		1		1	
Schuyler						
Seneca						
Steuben						
Suffolk		1	1			
Sullivan						
Tioga						
Tompkins					1	
Ulster						
Warren	3	12	15			
Washington	13	6	19			
Wayne				1		
Westchester		1	1	1	1	
Wyoming	1		1			
Yates						
Total	443	494	937	29	33	

Utica State Hospital—Annual Report

TABLE No. 21.

ing the Average Number of Men Patients Employed, the Average
Daily Population, and the Percentage Employed Daily Each Month
in the Year Ending September 30, 1897.

MONTH.	Total men employed.	Daily average population.	Percentage employed.
1896.			
October	264	490	53.87
November	244	488	50.00
December	241	484	49.79
1897.			
January	232	484	47.93
February	245	486	50.41
March	253	483	52.38
April	270	483	55.90
May	272	481	56.55
June	275	480	57.29
July	258	481	53.63
August	253	476	53.75
September	256	475	53.89

Average percentage employed, 52.90.

Utica State Hospital—Annual Report

TABLE No. 22.

Showing the Average Number of Women Patients Employed,
Average Daily Population, and the Percentage Employed
Each Month in the Year Ending September 30, 1897.

MONTH.	Total women employed.	Daily average population.	P e
1896.			
October	288	527	
November	283	529	
December	289	531	
1897.			
January	290	533	
February	294	529	
March	285	527	
April	288	533	
May	296	530	
June	299	536	
July	298	542	
August	288	539	
September	291	538	

Average percentage employed, 54.60.

TABLE No. 23.

Showing the General Statistics of the Hospital from the O
January 16, 1843, to September 30, 1897.

Total number of admissions.....	
Total number discharged recovered	6,875
Total number discharged improved.....	3,021
Total number discharged unimproved	6,429
Total number died.....	2,984
Total number discharged not insane.....	397

Total number discharged.....

Remaining September 30, 1897.....

Utica State Hospital—Annual Report

YEARS.	Number admitted.	Number discharged.	Number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged not insane.	Died.
1843.....	276	80	276	53	14	6	.....	7
1844.....	275	211	471	132	47	16	.....	16
1845.....	298	268	553	135	78	34	.....	21
1846.....	337	248	662	133	60	33	.....	22
1847.....	428	330	802	187	70	25	.....	48
1848.....	405	382	877	174	84	38	.....	86
1849.....	362	408	857	203	66	70	.....	69
1850.....	367	347	816	171	57	108	.....	51
1851.....	366	360	795	112	66	134	.....	48
1852.....	390	400	825	156	53	152	.....	39
1853.....	424	403	849	169	66	129	.....	39
1854.....	390	386	836	164	42	115	.....	65
1855.....	275	270	725	128	15	79	16	32
1856.....	242	236	697	100	33	65	8	30
1857.....	235	245	696	95	25	83	10	32
1858.....	333	332	784	114	33	99	5	31
1859.....	312	295	814	114	57	86	3	35
1860.....	337	399	856	105	56	133	3	42
1861.....	295	280	812	83	58	104	4	31
1862.....	287	305	819	106	51	115	3	30
1863.....	287	267	801	80	38	101	6	42
1864.....	319	299	853	109	44	84	4	48

Utica State Hospital—Annual Report

Table No. 24—(Concluded).

YEARS.	Number admitted.	Number discharged.	Number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged not insane.	Died.
1865	356	305	920	113	35	91	9	57
1866.....	388	362	1,003	164	39	106	9	44
1867.....	401	439	1,042	159	58	164	7	51
1868.....	382	415	985	157	85	105	10	58
1869.....	463	430	1,033	156	85	117	3	64
1870.....	481	441	1,084	153	72	134	7	75
1871.....	516	576	1,159	168	85	235	17	61
1872.....	399	447	982	142	73	156	14	62
1873.....	410	365	945	122	42	141	11	49
1874.....	368	376	948	123	53	138	14	48
1875.....	432	369	1,004	132	37	134	5	61
1876.....	436	505	1,071	142	53	237	13	60
1877.....	460	444	1,026	148	61	160	15	60
1878.....	427	402	1,009	144	37	145	7	69
1879.....	418	405	1,025	141	56	154	8	48
1880.....	468	474	1,088	155	66	197	14	42
1881.....	411	399	1,025	128	54	158	8	51
1882.....	412	460	1,038	109	46	235	13	57
1883.....	404	378	982	129	61	114	17	57
1884.....	387	384	991	89	51	177	11	56
1885.....	392	430	999	122	59	199	10	40
1886.....	430	425	999	79	61	237	6	52

Utica State Hospital—Annual Report

1894.....	355	327	1,326	69	22	142	3	91
1895.....	394	401	1,393	94	43	161	5	98
1896.....	319	295	1,311	78	88	37	7	85
1897.....	225	172	1,241	100	50	10	12	70

Utica State Hospital—Annual Report

TABLE No. 25.
Showing the Percentage of Recoveries on the Average Population and Admissions for Fifty-four Years.

YEARS.	ON AVERAGE POPULATION.			ON ADMISSIONS.		
	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
1843.....	109	53	48.52	276	53	19.20
1844.....	236	132	55.93	275	132	48.80
1845.....	365	135	50.94	293	135	46.07
1846.....	283	133	46.99	337	133	39.46
1847.....	415	187	45.06	428	187	43.60
1848.....	474	174	36.70	405	174	42.96
1849.....	454	203	44.71	362	203	56.07
1850.....	433	171	39.49	367	171	46.59
1851.....	440	112	23.45	366	112	36.60
1852.....	441	156	35.37	390	156	40.00
1853.....	423	169	39.95	424	169	39.85
1854.....	444	164	37.16	390	164	42.05
1855.....	467	128	27.40	275	128	46.54
1856.....	454	100	22.24	242	100	41.73
1857.....	463	95	20.52	235	95	40.42
1858.....	480	114	23.75	228	114	50.00

Utica State Hospital—Annual Report

1868.....	589	157	26.65	382	157	41.78
1869.....	600	156	26.00	463	156	34.51
1870.....	629	153	24.32	481	153	32.48
1871.....	605	168	27.76	516	168	33.40
1872.....	588	142	24.00	399	142	37.22
1873.....	563	122	21.67	410	122	30.73
1874.....	581	123	21.17	368	123	33.97
1875.....	585	132	22.17	432	132	31.65
1876.....	615	142	23.09	436	142	33.17
1877.....	607	148	24.38	460	148	33.10
1878.....	600	144	24.00	427	144	34.53
1879.....	621	141	23.74	418	141	35.07
1880.....	610	155	25.41	468	155	33.92
1881.....	626	128	20.45	411	128	31.76
1882.....	621	109	17.55	412	109	27.32
1883.....	591	129	21.82	404	129	33.16
1884.....	613	89	14.52	387	89	23.92
1885.....	584	122	20.89	392	122	31.93
1886.....	577	79	13.69	430	79	18.72
1887.....	595	97	16.30	374	97	26.87
1888.....	602	99	16.45	444	99	22.92
1889.....	645	126	20.06	466	126	28.06
1890.....	691	135	19.53	507	135	27.38
1891.....	786	108	13.74	410	108	26.83
1892.....	811	87	10.72	339	87	25.66
1893.....	923	85	9.20	375	85	22.66

Utica State Hospital—Annual Report

Table No. 25—(Concluded).

YEARS.	ON AVERAGE POPULATION.			ON ADMISSIONS.		
	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
1894.....	978	69	7.06	352	69	19.60
1895.....	1,004	94	9.36	394	94	23.85
1896.....	1,004	78	7.76	319	78	24.45
1897.....	1,014	100	9.86	225	100	44.44

*In this table, since 1873, those admitted and subsequently found not insane are deducted from the annual admissions in computing these percentages. Their number for each year will be found in a preceding table.

Utica State Hospital—Annual Report

1843	7	276	2.53	109	6.44
1844	16	471	3.39	236	6.78
1845	21	553	3.79	363	7.92
1846	22	662	3.53	283	7.77
1847	48	802	5.98	415	11.56
1848	86	877	9.80	474	18.14
1849	69	857	8.05	454	15.19
1850	51	816	6.25	433	11.77
1851	48	795	6.03	440	10.91
1852	39	825	4.72	441	8.84
1853	39	849	4.59	423	9.22
1854	65	836	4.75	444	14.63
1855	32	725	4.41	467	6.85
1856	30	697	4.30	454	6.61
1857	32	696	4.59	463	6.88
1858	31	784	3.95	489	6.33
1859	35	814	4.30	509	6.87
1860	42	856	4.90	516	8.13
1861	31	812	3.82	519	5.97
1862	30	819	3.66	526	5.70
1863	42	801	5.24	528	7.95
1864	48	853	5.02	560	8.57
1865	57	920	6.19	591	8.79

Utica State Hospital—Annual Report

Table No. 26—(Concluded).

YEARS.	Deaths.	Whole number treated.	Percentage.	Average population.	Percentage.
1866	44	1,003	4.38	643	6.84
1867	51	1,042	4.89	610	8.36
1868	58	985	5.88	589	9.84
1869	64	1,033	6.29	600	10.66
1870	75	1,084	6.91	629	12.08
1871	61	1,159	5.35	605	10.08
1872	62	982	6.31	588	10.54
1873	49	945	5.20	563	8.70
1874	48	948	5.06	581	8.25
1875	61	1,004	6.07	595	10.25
1876	60	1,071	5.60	615	9.75
1877	60	1,026	5.84	607	9.88
1878	69	1,009	6.84	600	11.50
1879	48	1,025	4.68	621	7.78
1880	42	1,088	3.86	610	6.89
1881	51	1,025	4.98	626	8.15
1882	57	1,038	5.49	621	9.17
1883	57	982	5.80	591	9.64
1884	56	991	5.65	614	9.13
1885	40	999	4.00	584	6.84
1886	52	999	5.20	577	9.01

STATE COMMISSION IN LUNACY

663

Utica State Hospital—Annual Report

1897	70	1,241	5.64	1,014	6.90
1896	85	1,811	6.48	1,004	8.46
1895	98	1,393	7.03	1,004	9.76
1894					9.00

Utica State Hospital—Annual Report

TABLE No. 27.
Showing Number of Cases of General Paresis Admitted and Died Since 1849.

YEARS.	ADMITTED.			DIED.		
	Men.	Women.	Total.	Men.	Women.	Total.
1849.....	.....	.....	.....	4	.....	4
1850.....	1	.....	1	2	.....	2
1851.....	1	.....	1	2	.....	2
1852.....	1	1	2	.....	1	1
1853.....	6	1	7	4	1	5
1854.....	4	1	5	4	.....	4
1855.....	7	.....	7	4	.....	4
1856.....	2	.....	2	3	.....	3
1857.....	9	.....	9	.....	.....	.....
1858.....	4	1	5	4	.....	4
1859.....	5	1	6	3	2	5
1860.....	9	.....	9	9	.....	9
1861.....	8	1	9	10	.....	10
1862.....	7	.....	7	4	.....	4
1863.....	11	.....	11	9	1	10
1864.....	15	2	17	12	.....	12
1865.....	22	.....	22	12	2	14
1866.....	10	3	13	3	.....	9
1867.....	13	.....	13	8	.....	8
1868.....	22	.....	22	9	1	10
1869.....	29	.....	29	15	.....	15

Utica State Hospital—Annual Report

1871	17	2	17	17	2	17	19	2	581
1872	21	2	17	15	2	17	17	68	513
1873	17	2	17	15	1	17	15	829	99
1874	17	2	17	15	1	17	15	730	6
1875	15	2	17	15	1	17	15	6	6
1876	16	1	17	13	1	17	13	6	6
1877	24	5	29	10	1	29	10	6	6
1878	17	2	19	12	4	19	12	6	6
1879	18	3	21	8	1	21	8	6	6
1880	26	4	30	14	1	30	14	6	6
1881	27	3	30	12	2	30	12	6	6
1882	27	4	31	15	3	31	15	6	6
1883	30	4	34	16	5	34	16	6	6
1884	27	4	32	14	1	32	14	6	6
1885	20	5	25	6	2	25	6	6	6
1886	18	3	21	6	4	21	6	6	6
1887	20	7	27	15	2	27	15	6	6
1888	23	4	27	8	2	27	8	6	6
1889	30	1	31	15	4	31	15	6	6
1890	19	4	23	24	1	23	24	6	6
1891	12	4	16	19	7	16	19	6	6
1892	19	3	22	14	3	22	14	6	6
1893	15	5	20	11	4	20	11	6	6
1894	7	4	11	12	4	11	12	6	6
1895	15	5	20	20	2	20	20	6	6
1896	14	5	14	14	2	14	14	6	6
1897	6	6	6	8	2	6	8	6	6
Total	730	99	829	513	68	581			

MATRON'S DEPARTMENT

The matron reports the following number of articles made and mended in the house during the year:

Aprons	1,811
Bedspreads, hemmed	15
Clothes bags	24
Caps for kitchens	12
Caps for bathhouse (rubber)	24
Caps for nurses	518
Curtains (long muslin)	4
Curtains (sash)	4
Cloths for covering bread and meat	8
Chemises	1,103
Drawers (women's), pairs	977
Drawers (men's), cotton flannel	777
Dresses	1,060
Gingham neckerchiefs	6
Hoods (crocheted)	61
Hats (trimmed)	12
Holdes	463
Napkins	326
Nightdresses	220
Oil silk jackets	4
Protection sheets	5
Pillow ticks	12
Pillow shams, pairs	4
Pillowcases	4,525
Rugs, hemmed	20
Screens, covered	2
Sofa cushions, covered	3
Shades for eyes	4
Suspenders, pairs	176
Shirts	1,328

Utica State Hospital—Annual Report

ts	706
ets	3,658
eads, cupboard	193
eads, bureau	197
eads, stand	64
ainers for coffee boilers	17
ks, mattress	58
ks, straw	87
lecloths	515
els	6,544
ershirts, men's, cotton flannel	741
erwaists, women's, cotton flannel	42
	<hr/>
	26,330
	<hr/>
icles mended	70,401

ulations, Conditions and Forms Concerning the Admission of Persons to the Utica State Hospitals.

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

ETITION, CERTIFICATES OF LUNACY AND ORDERS.

This blank, consisting of five parts, is furnished by the State Commission in Lunacy pursuant to section 60 of chapter 545 of the Laws of 1896, which among other things provides as follows: The Commission shall prescribe and furnish blanks for such certificates and petitions which shall be made only upon such blanks."

This blank, both for originals and copies, may be obtained upon application to the Commission, county clerks, superintendents of poor, commissioners of charities, superintendents of State hospitals and physicians in charge of private institutions for the insane, and is according to forms prescribed by the Commission, 1896, from which date such forms are in force.

Utica State Hospital—Annual Report

The blanks should be carefully read and properly filled out insure the commitment of a patient. Medical examiners in lunacy are required to fill out only the certificate of lunacy. It is expected that the petition and necessary orders will be filled out by the person making the application, a superintendent of the poor, a clerk of the court or a judge granting the order.

If necessary, extra sheets may be used, not exceeding in size those of this blank, which may be readily inserted after removing the stitches. When an extra sheet is added reference should be made upon it to the page and to the line number.

For convenience of reference, sections 60, 61, 62, 63 and 64 of article 3 of the Insanity Law, constituting chapter 28 of the general laws, as enacted by chapter 545 of the Laws of 1896, being the principal sections relating to the commitment of the insane, are here inserted:

Section 60. Order for commitment of an insane person.—A person alleged to be insane and who is not in confinement on criminal charge, may be committed to and confined in an institution for the custody and treatment of the insane, upon an order made by a judge of a court of record of the city or county, or justice of the supreme court of the judicial district, in which the alleged insane person resides or may be, adjudging such person to be insane, upon a certificate of lunacy made by two qualified medical examiners in lunacy, accompanied by a verified petition therefor, or upon such certificate and petition, and after a hearing to determine such question, as provided in this article. The commission shall prescribe and furnish blanks for such certificate and petition, which shall be made only upon such blanks. An insane person shall be committed only to a state hospital, a duly licensed institution for the insane, or the Matteawan State Hospital, or to the care and custody of a relative or committee, hereinafter provided. No idiot shall be committed to or confined in a state hospital. But any epileptic or feeble-minded person becoming insane may be committed as an insane person to a state hospital for custody and treatment therein.

1. Medical examiners in lunacy; certificates of lunacy.—The certificate of lunacy must show that such person is insane and must be made by two reputable physicians, graduates of an incorporated medical college, who have been in the actual practice of their profession at least three years, and have filed with the commission a certified copy of the certificate of a judge of a court of record, showing such qualifications in accordance with forms prescribed by the commission.

physicians shall jointly make a final examination of the person alleged to be insane within ten days next before the granting of the order. The date of the certificate of lunacy shall be the date of such joint examination. Such certificate of lunacy shall be in the form prescribed by the commission, and shall contain facts and circumstances upon which the judgment of the physicians is based and show that the condition of the person examined is such as to require care and treatment in an institution for the care, custody and treatment of the insane.

ther of such physicians shall be a relative of the person ap-
 for the order or of the person alleged to be insane, or a
 ger, superintendent, proprietor, officer, stockholder, or have
 pecuniary interest, directly or indirectly, or be an attending
 sician in the institution to which it is proposed to commit such

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Utica State Hospital—Annual Report

fore making such application, upon the person alleged to be insane, and if made by an overseer or superintendent of the poor, also upon the husband or wife, father or mother or next of kin of such alleged insane person, if there be any such known to be residing within the county, and if not, upon the person with whom such alleged insane person may reside, or at whose house he may be. The judge to whom the application is to be made may dispense with such personal service, or may direct substituted service to be made upon some person to be designated by him. He shall state in a certificate to be attached to the petition his reason for dispensing with personal service of such notice, and if substituted service is directed, the name of the person to be served therewith.

The judge to whom such application is made may, if no demand is made for a hearing in behalf of the alleged insane person, proceed forthwith to determine the question of insanity, and if satisfied that the alleged insane person is insane, may immediately issue an order for the commitment of such person to an institution for the custody and treatment of the insane. If, however, it appears that such insane person is harmless and his relatives or a committee of his person are willing and able to properly care for him, at some place other than such institution, upon their written consent, the judge may order that he be placed in the care and custody of such relatives or such committee. Such judge may, in his discretion, require other proofs in addition to the petition and certificate of the medical examiners.

Upon the demand of any relative or near friend in behalf of such alleged insane person, the judge shall, or he may upon his own motion, issue an order directing the hearing of such application before him at a time not more than five days from the date of such order, which shall be served upon the parties interested in the application and upon such other persons as the judge, in his discretion, may name. Upon such day, or upon such other day to which the proceedings shall be regularly adjourned, he shall hear the testimony introduced by the parties and examine

Utica State Hospital—Annual Report

alleged insane person, if deemed advisable, in or out of court, render a decision in writing as to such person's insanity. If determined that such person is insane, the judge shall forthwith issue his order committing him to an institution for the custody and treatment of the insane, or make such other order as may be provided in this section. If such judge can not hear the case in person he may, in his order directing the hearing, name a referee, who shall hear the testimony and report the same to the judge, with his opinion thereon, to such judge, who shall, satisfied with such report, render his decision accordingly. If commitment be made to a state hospital, the order shall be accompanied by a written statement of the judge as to the financial condition of the insane person and of the persons legally liable for his maintenance as far as can be ascertained. The superintendent of such state hospital shall be immediately notified of such commitment, and he shall, at once, make provisions for the transfer of such insane person to such hospital.

On the petition of the applicant, the certificate in lunacy of the medical examiners, the order directing a further hearing as provided in this section, if one be issued, and the decision of the judge or referee, and the order of commitment shall be presented at the time of the commitment to the superintendent or person in charge of the institution to which the insane person is committed, and verbatim copies shall be forwarded by such superintendent or person in charge and filed in the office of the state commission in lunacy. The relative, or committee, to whose care and custody any insane person is committed, shall forthwith file the petition, certificate and order, in the office of the clerk of the county where such order is made, and transmit a certified copy of such papers, to the commission in lunacy, and procure and retain another such certified copy.

If the superintendent or person in charge of any institution for the care and treatment of the insane may refuse to receive any person upon any such order, if the papers required to be presented shall not comply with the provisions of this section, or

Utica State Hospital—Annual Report

if in his judgment, such person is not insane within the meaning of this statute, or if received, such person may be discharged by the commission. No person shall be admitted to any such institution under such order after the expiration of five days from and inclusive of the date thereof.

§ 63. Appeal from order of commitment.—If a person ordered to be committed, pursuant to this chapter, or any friend in his behalf, is dissatisfied with the final order of a judge or justice committing him, he may, within ten days after the making of such order appeal therefrom to a justice of the supreme court other than the justice making the order, who shall cause a jury to be summoned as in case of proceedings for the appointment of a committee for an insane person, and shall try the question of such insanity in the same manner as in proceedings for the appointment of a committee. Before such appeal shall be heard, such person shall make a deposit or give a bond, to be approved by a justice of the supreme court, for the payment of the costs of the appeal, if the order of commitment is sustained. If the verdict of the jury be that such person is insane, the justice shall certify that fact and make an order of commitment as upon the original hearing. Such order shall be presented, at the time of the commitment of such insane person, to the superintendent or person in charge of the institution to which the insane person is committed, and a copy thereof shall be forwarded to the commission by such superintendent or person in charge, and filed in the office thereof. Proceedings under the order shall not be stayed pending an appeal therefrom, except upon an order of a justice of the supreme court, and made upon a notice, and after a hearing, with provisions made therein for such temporary care or confinement of the alleged insane person as may be deemed necessary.

If a judge shall refuse to grant an application for an order of commitment of an insane person proved to be dangerous to himself or others, if at large, he shall state his reasons for such refusal in writing, and any person aggrieved thereby may appeal therefrom in the same manner and under like conditions as from an order of commitment.

Utica State Hospital—Annual Report

4. Costs of commitment.—The costs necessarily incurred in determining the question of the insanity of a poor or indigent person and in securing his admission into a state hospital, and the expense of providing proper clothing for such person, in accordance with the rules and regulations adopted by the commission, shall be a charge upon the town, city or county securing the commitment. Such costs shall include the fees allowed by the judge or justice ordering the commitment to the medical examiners. If the person sought to be committed is not a poor or indigent person, the costs of the proceedings to determine his insanity and to secure his commitment, as provided in this article, shall be a charge upon his estate, or shall be paid by the persons legally liable for his maintenance. If in such proceedings, the alleged insane person is determined not to be insane, the judge or justice, in his discretion, charge the costs of the proceedings to the person making the application for an order of commitment, and a judgment may be entered for the amount thereof and enforced execution against such person.

PETITION.

IN THE MATTER OF APPLICATION FOR THE COMMITMENT OF AN ALLEGED INSANE PERSON.	}
--	---

Before the Hon., justice or judge of the
 court of the of
 the petition of respectfully shows:
 That he is a resident of the of
 the county of, and is (If petition is made by a
 justice officer, so state, and of what county, city or town)

Utica State Hospital—Annual Report

2. That he is (If petition is made by a friend, so state; if by a relative, state relationship)..... of....., the alleged insane person.

3. That the said alleged insane person resides or now is at the house of.....at....., county of.....

4. That the facts upon which the application is based are as follows:

(The petitioner should state any facts observed by or any information known to him which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing h commitment to an institution for the insane.

Wherefore, upon the foregoing facts and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the said alleged insane person to be insane and committing h to.....

(It is essential that the official title of the institution should be correctly inserted).

Dated....., 189..

No.....st.,
City, village or town of.....
(Petitioner's signature and address.)

STATE OF NEW YORK.	} ss.:
County of	
City, Town or Village of	

....., being duly sworn, deposes and says that he has read the foregoing petition and knows the

Utica State Hospital—Annual Report

ents thereof, and that the same is true to the knowledge of
 ment, except as to the matters therein stated to be alleged on
 rmation and belief, and as to those matters he believes it to
 rue.

.....
 (Petitioner's signature.)

bscribed and sworn to before me this
day of....., 189..

.....
 FIFICATE OF JUSTICE OR JUDGE RELATING TO PERSONAL
 SERVICE.

fore the Hon....., justice or judge of
court; county, city or town of.....,
 he.....day of....., 189..

IN THE MATTER	}
OF	
APPLICATION FOR THE COMMITMENT	
OF	
.....	
AN ALLEGED INSANE PERSON.	

do hereby certify that I have dispensed with personal service,
 at I have directed substituted service as provided by law
 the person hereinafter named, for the following reasons:

 Justice or judge of.....court of.....

he following should be filled out only by two medical exami-
 ners qualified according to section 60:

CERTIFICATE OF LUNACY.

STATE OF NEW YORK.		} ss.:
County of		
City, Town or Village of		

STATEMENT OF FACTS.

1. Patient resides at, county of; age.... years; nativity (if foreign, how long in U. S.).....; sex.....; color.....; occupation.....; single, married, widowed, divorced. (Strike out words not required.)

2. Birthplace of father.....; of mother.....

3. Number of previous attacks.....; present attack began18....

(If the patient has ever been an inmate of an institution for the insane, state when and where, and whether discharged recovered or otherwise.).....

4. Was the present attack gradual or rapid in its onset?.....

5. What is the patient's general physical condition?..... (If afflicted with any infirmity or disease other than insanity, state it.).....

6. Is the patient cleanly or uncleanly in personal habits?.....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened, it should be so stated.).....

8. What is the supposed cause of the insanity? (State both predisposing and exciting causes, if known.).....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal.....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate.....

We,, a legal resident of, county of, State of New York, and, a legal resident of, county of,

Utica State Hospital—Annual Report

I, State aforesaid, being severally and duly sworn, do severally certify and each for himself certifies, with the exceptions which hereinafter noted, as follows:

I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission in Lunacy, and I have received from its secretary an acknowledgment of the receipt of the same. I have with care and diligence personally observed and examined *on the date of this certificate*, namely, on the.....day....., 189..,, now residing or being at, in the county of, and as a result of such joint examination find, and hereby certify to the fact, that he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the statute.

I have formed the above opinion upon the subjoined facts:
Facts indicating insanity personally observed by me, as follows:

What the patient said: (State what the patient said, if anything, in presence of the examiners):.....
What the patient did: (State what the patient did in presence of the examiners and also describe his or her appearance and manner):.....

Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change, there has been in the patient's disposition, mental condition, business or social habits, or bodily health.)

That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

....., M. D.

....., M. D.

Subscribed and sworn to before me this

..... day of, 189..

.....

.....

Utica State Hospital—Annual Report

ORDER OF HEARING.

(Section 62.)

If a hearing before a judge or referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the judge, the following form should be used, otherwise it should be omitted:

Before the Hon., justice or judge of
..... court; county, city or town of, on
the day of, 189..

IN THE MATTER
OF
AN APPLICATION FOR THE COMMITMENT
OF
.....
AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of, and upon a certificate of lunacy dated, 189.., having been made and (state degree of relationship, or, if none, name of near friend) having demanded a hearing upon such application, it is hereby

Ordered, That a hearing on such application for an order of commitment of the above alleged person be had before
....., at the of,
on the day of, 189.., at m.,
at which time testimony shall be heard touching the alleged insanity of the aforesaid person, and, if it be deemed advisable, said person may be examined either in or out of court.

The judge may (or, if a referee be appointed, the referee herein named shall) hear such testimony and make such examination

Utica State Hospital—Annual Report

report the same at once with his decision (or opinion) as to the insanity of such alleged insane person.

And that this order shall be served upon
the petitioner, and the following named persons:

..... of

..... of

(Signature.)

.....

Justice or judge of the court of

Decision of judge to be used only if a hearing is had.

IN THE MATTER

OF

APPLICATION FOR THE COMMITMENT

OF

.....

AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of

an order of commitment of the said person to an institution

the custody and treatment of the insane on the

of, and testimony having been

taken as required by law, I do hereby decide that the said

..... is insane and should be committed

an institution for the custody and treatment of the insane.

Dated the day of, 189..

.....

Justice or judge of the court of

Utica State Hospital—Annual Report

ORDER OF COMMITMENT.

Before the Hon., justice or judge of
 court; county, city or town of, on
 the day of, 189..

IN THE MATTER
 OF
 AN APPLICATION FOR THE COMMITMENT
 OF

.....

AN ALLEGED INSANE PERSON.

Upon the petition of, dated
, 189.., and a certificate of lunacy made by
 two duly qualified medical examiners in lunacy, which certificate
 is dated on the day of,
 189.., and which is annexed thereto, and upon such other facts
 and information as were produced before me (or a referee ap-
 pointed by me) at a hearing duly had, and being satisfied that
 the above alleged insane person is insane and a proper subject
 for custody and treatment in an institution for the insane within
 the meaning of the statute, it is therefore hereby

Ordered, That the said be
 and hereby is adjudged insane and that he be committed to
 (Insert correctly, official title of institution),
 an institution for the custody and treatment of the insane.

.....
 Justice or judge of court of

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

(If the order of commitment be directed to a State hospital, the
 statute requires that the justice or judge shall append a state-
 ment as far as can be ascertained of the financial condition of

Utica State Hospital—Annual Report

insane person and of the persons legally liable for his maintenance. See section 62.)

Justice or judge of court of

ADMISSION OF PATIENTS.

Patients are admitted to the hospital as a charge upon the estate, or as private patients, upon the bond of friends guaranteeing prompt payment of bills.

In order to secure admission, it is essential that all papers required be properly executed before the patient is brought to the hospital.

Patients supported at their own expense, or that of their friends, are received under the following provisions of law:

"Whenever there are vacancies in the asylum, the managers shall authorize the superintendent to admit, under special agreements, such recent cases as may seek admission under peculiarly favorable circumstances, or which, in his opinion, promise speedy recovery."

The form of a bond to be executed by the friends of the insane person admitted as a patient is as follows:

"Whereas,, of, in the county of, an insane person, has been admitted as a patient to the Utica State Hospital, at Utica, N. Y.

Now, therefore, we, the undersigned, in consideration thereof, do hereby and severally bind ourselves to Harry S. Patten, treasurer of said hospital, to pay him and his successors in office the sum of dollars cents per week, for the care and maintenance of said insane person, so long as he shall continue in said hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and also to provide him with suitable clothing, and pay for all such necessary expenses of clothing as shall be procured for him by the steward of said hospital, and to remove him from the hospital whenever the

Utica State Hospital—Annual Report

room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the managers or superintendent, and also to pay all expenses incurred by the managers or superintendent in sending said patient to his friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; also to pay, not exceeding fifty dollars, for all damage he may do to the furniture or other property of said hospital and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made semi-annually, on the first day of February and August in each year, and at the time of removal, with interest on each bill from and after the time it becomes due.

In witness whereof, we have hereunto set our hands and seals this day of, in the year 189...

(Name).....

(P. O. Address).....

(Name).....

(P. O. Address).....

STATE OF NEW YORK,
..... COUNTY, } ss.:

....., being duly sworn, deposes and says that he is worth the sum of \$1,000, over and above all his debts and liabilities, exclusive of property exempt from execution.

Subscribed and sworn this day
of, 189., before me.

.....

.....

Utica State Hospital—Annual Report

STATE OF NEW YORK,
 COUNTY, } ss.:

....., being duly sworn, deposes and says that
 is worth the sum of \$1,000, over and above all his debts and
 liabilities, exclusive of property exempt from execution.

.....
 subscribed and sworn this day
 of, 189., before me.

.....
 This will certify that I am personally acquainted with
 and, the signers of
 above bond, and consider each of them fully responsible for
 prompt discharge of its obligations.

(Name).....

(P. O. Address).....

This agreement or bond is generally signed by near relatives
 other friends of the patient, or legal guardians, if any such
 be, at or prior to the time of admission.

Upon application, we will furnish any of the above forms of
 medical certificate or bond for private patients, in blank.

We regret to be obliged to call the attention of county officers
 to the following law, which is too frequently overlooked or dis-
 carded:

All town or county officers sending a patient to the asylum
 shall, before sending him, see that he is in a state of perfect bodily
 soundness, and is comfortably clothed and provided with suitable
 changes of raiment, as prescribed in the by-laws."

It is no account should patients be brought to the hospital in
 restraint, if this can, by any possibility, be avoided. Handcuffs
 and the like tend to stigmatize brain disease as a crime. It is
 only more humane and better in every way to obtain extra

Utica State Hospital—Annual Report

assistance. Mechanical restraint is generally cruel, and always degrading.

Female patients must be accompanied by a member of their own sex.

All patients require at least two suits of clothing, and several changes of undergarments. Most of the patients go out regularly, and, consequently, require clothing suited to the season. For men, overcoats and boots are required in winter; shoes answer in summer; slippers are worn in the house. Women also need ample clothing for walking and driving in winter.

The supply should be liberal when it can be afforded. All clothing is marked with the name of the patient to whom it belongs, and much pains are taken to have it kept in good order and repair.

In conveying a patient to the hospital, let it be done, if necessary, by force rather than by deception. Truth should not be compromised by planning a journey to Utica or a visit to the hospital. Nor should patients be induced to come and stay a few days to "see how they like it," under the impression that they may leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in ourselves, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement.

All correspondence concerning patients should be postpaid, and addressed to Dr. G. Alder Blumer, Superintendent of the Utica State Hospital, Utica, N. Y.

TWENTY-NINTH ANNUAL REPORT

OF THE

BOARD OF MANAGERS

OF THE

WILLARD STATE HOSPITAL

FOR THE YEAR 1897

TRANSMITTED TO THE STATE COMMISSION IN LUNACY.

CHAPTER 32

Report of the Board of Managers of the Willard State Hospital

OFFICERS OF THE HOSPITAL

MANAGERS.

WILLIAM S. H. HAMMOND.....	Geneva.
WILLIAM J. POLLARD.....	Seneca Falls.
JOHN H. OSBORNE.....	Auburn.
CHARLES S. STOTHOFF.....	Watkins.
MARTIN L. ALLEN.....	Seneca Falls.
JOSEPH J. L. MORRIS.....	Ithaca.
JOHN C. S. MONGIN.....	Seneca Falls.

OFFICERS OF THE BOARD OF MANAGERS

PRESIDENT.

HON. S. H. HAMMOND, Geneva.

SECRETARY.

WILLIAM J. POLLARD, Seneca Falls.

TREASURER.

HON. J. B. THOMAS, Ovid.

ATTORNEY FOR WILLARD STATE HOSPITAL.

HON. S. S. PARTRIDGE, Phelps, N. Y.

RESIDENT OFFICERS**MEDICAL SUPERINTENDENT.****WM. AUSTIN MACY, M. D.****ASSISTANT PHYSICIANS.**

WM. L. RUSSELL, M. D. **FRED'K E. BOWLBY, M. D.**
SAMUEL F. MELLEN, M. D. **CHAS. F. SANBORN, M. D.**
GEORGE O'HANLON, M. D. **ROBERT E. DORAN, M. D.**
THOS. J. CURRIE, M. D. **WILLIAM STEINACH, M. D.**
JOHN W. RUSSELL, M. D.

THE WOMAN PHYSICIAN.**J. ERNESTINE HILLS, M. D.****MEDICAL INTERNES.****EDWIN G. KLEIN, M. D.** **GODFREY PITTIS, M. D.****MATRON.****JULIET W. WYMAN.****STEWARD.****MORRIS J. GILBERT.**

REPORT OF THE MANAGERS*To the State Commission in Lunacy:*

The managers of the Willard State Hospital have the honor to submit the twenty-ninth annual report of this institution for the year ending September 30, 1897, together with the reports of the Superintendent and of the Treasurer for the same period of time.

Respectfully submitted,

S. H. HAMMOND,

President of the Board of Managers.

Willard State Hospital—Annual Report

REPORT OF THE MEDICAL SUPERINTENDENT

J. S. H. HAMMOND, *President of the Board of Managers, Etc.:*

Dear Sir.—I have the honor to present herewith to your board annual report for the Willard State Hospital for the year ending September 30, 1897, with the usual statistical tables.

The following table shows the movement of population for the period referred to:

	Men.	Women.	Total.
Remaining October 1, 1896.....	1,094	1,154	2,258
Admitted during the year.....	172	161	333
Total number treated during the year.	1,266	1,315	2,581
Average daily population.....	1,106	1,152	2,258
Discharged during the year.....	160	162	322
The patients discharged were divided as follows:			
Discharged recovered.....	39	24	63
Discharged improved.....	35	32	67
Discharged unimproved.....	13	15	28
Discharged not insane.....	2	..	2
Died.....	71	91	162
Remaining October 1, 1897.....	1,106	1,153	2,259

During the year there was an increase of 12 men and a decrease of 1 woman, making a total increase of 11. The largest number under treatment on any one day was 2,276, on March 12th, and the smallest number was 2,238, on July 17th and 18th. Of the patients admitted during the year, 217 were brought direct from their homes, 25 were admitted from almshouses, 10 from hotels, 1 from jails, 1 from a city hospital, 46 were transferred from other New York State hospitals and 8 were received from the Soldiers' Home. Of those admitted, 330 were public and 3 were private patients, and there remained at the end of the year 5 private patients. There were 3 patients admitted who were under the age of 15 years; 12.9 per cent. of the whole number were over

Willard State Hospital—Annual Report

70, and of these, 9 were over 80. The largest number admitted were between the years of 40 and 50, and the second largest number were between the years of 50 and 60. The percentage of recoveries, calculated upon the daily average population, was 2.8 per cent. If calculated upon the number of admissions, it would be 18.9 per cent. Of the 160 patients discharged, 14 were transferred to other State hospitals in this State, 58 were discharged at the expiration of parole, 79 went direct to their homes and 9 eloped. The death rate for the year was 7.1 per cent.

It is a source of regret that we have to record one death by suicide occurring during the year. One of the patients, a woman, managed to elude the vigilance of our attendants, and, escaping from the ward, threw herself into the lake and was drowned, on October 1st of this year. No other fatal accidents occurred.

AMUSEMENTS.

The amusements for the year past have been very similar to those mentioned for the preceding year. Until the outbreak of diphtheria at this hospital necessitated the quarantining of the patients and the discontinuance of amusements at Hadley hall, weekly dances for the patients were held as formerly, and a number of entertainments of various kinds were provided from the amusement fund. When the quarantine maintained at this hospital compelled us to discontinue this practice, the patients were amused as best we could on the wards, and amusements of a more general character were resumed as soon as the quarantine was raised. During the summer the steam yacht has been in requisition on a number of occasions, and parties of patients have been taken up or down the lake on excursions, besides giving them short sails in the immediate vicinity of the hospital. This has enabled us to give a very pleasant recreation to a very large number of the inmates and one that was very much enjoyed. One or two smaller parties of patients were taken to Geneva, and on two occasions parties of patients were taken to Watkins Glen, the trip forming a very

Willard State Hospital—Annual Report

sant outing for them. The games of baseball were continued during the summer on Saturday afternoons, and music was given by the hospital band. Other concerts by the band were given regularly during the summer on two afternoons each week. The Fall Day was held in September, as usual, and was very largely attended, the contests being greatly enjoyed by the patients. A school for patients, which was started prior to my connection with this hospital, under the charge of Dr. Francis M. Hamlin, continued to be an attractive feature of the institution for the patients. Many of the patients, as they have become conscientious, have had their interest stimulated by sending them to school, and many have afterwards become very useful patients remaining in the institution.

THE SYSTEM OF PAROLE.

The limited system of parole has been continued during the past year, and I have tried to make the distinction in almost all cases, that the parole should only be given to such patients as were capable of performing some useful duties in connection with the hospital work, and I have found good results from this, many of our patients taking active part in the various industries and work of the institution who had refused to do anything before. They were given the extended privileges that were possible under the present system. In my opinion, the number of patients that can be on paroles must necessarily be comparatively limited in an institution of this kind. There appears to me to be a large element of risk in extending it too far, and I have tried to have the privileges that were given the privileges referred to selected as carefully as possible from the class of patients from whom there would be comparatively little risk, and who, should they elope, would be able to care for themselves and not likely to annoy or trouble others.

OCCUPATION.

The matter of the occupation, as well as the diversion of our patients, has been a matter of constant study with us, and while

Willard State Hospital—Annual Report

this matter has been pursued for a long time at this hospital, I am gratified to be able to report that the number of cases engaged at useful occupations has been somewhat increased during the past year. Owing to the fact, as previously noted in our reports that the population from which our patients are drawn is chiefly agricultural, comparatively few tradesmen are found among our patients, the majority being either farmers or storekeepers. This limits the work to a certain extent, in the matter of the industries that can be pursued, although we find here, as elsewhere, that many of these cases, if taken at the proper stage of their disease can be trained at various kinds of work, even if they have known nothing of it before. As far as has been possible, the patients have been selected to work at such occupations as are taken up by the paid help of the hospital, and in extending the shoemaking and other industries. The making of shoes has been considerably extended, and we now have some six patients regularly employed and expect to be able to extend this matter still more. We have obtained material and machinery for the manufacture of baskets and brooms and with the coming winter expect to make these articles in the hospital shops. All of the upholstery for the hospital has been done by the patients with the aid of one or two of the attendants who have been skilled in this work. Some of the men have also assisted with the painting etc.

The tailor shop and sewing room, the laundry and the kitchen have all given occupation to a large number of patients, and all the clothing for the patients of the hospital has been made in our own workshops.

WORK OF THE MEDICAL STAFF.

The work that I have to mention under this head has been much of the same character as that noted in the previous report. The medical staff held a number of monthly meetings during the year, at which times papers and abstracts from the journals, etc. were read, discussion being conducted by the entire staff, and the formal weekly conference was held on Tuesdays where all ma

Willard State Hospital—Annual Report

relating to the institution, both administrative and as regards the treatment of special cases, etc., were talked over and discussed.

Concerning the special medical treatment, I have little to report except to state that the experiments of the former year with hygien, thyroid extract and some other of the new remedies were carried forward. These examinations and investigations contributed considerably to our knowledge of the value of these agents, and of the remedial measures investigated, but I will not make a special report concerning them in detail, as I do not consider that the results obtained were positive enough to warrant the going into the matter in an extended way. Of course a large number of these agents investigated, while we get some of them, aid in various directions, it is hardly to be expected that specifics will be very frequently discovered.

John S. Kirkendall, of Ithaca, has continued his work during the year, in connection with our own, in the examination and treatment of all special eye cases among our patients. I am pleased to report that the Doctor's work has been of very considerable value to us in this direction, and that he has been able to relieve a large number of our patients of very unpleasant symptoms that have shown themselves in their cases. A number of patients have been operated upon, and with quite a number, the fitting of proper glasses alone has afforded them great relief.

TRAINING SCHOOL FOR NURSES.

The training school has been carried on as usual during the year, and a great deal of interest was shown in the work by the employees. The senior class numbered ten men and twenty-two women, and of these twenty-two, or 71 per cent. graduated at the close of the session and obtained diplomas. The junior class consisted of nine men and nine women, and of these, sixteen, or 66 per cent., were advanced at the end of the session to the senior class.

Willard State Hospital—Annual Report

EPIDEMIC DISEASES, ETC.

In the month of February diphtheria developed in this hospital, the initial case being in my own family. Following this case we had in all six well recognized cases of diphtheria, and four cases in which, while there was no membranous exudation, the Kelbs-Loeffler bacilli were found by bacteriological examination to be present; the last case of the former class occurring as late as August. Besides these cases, the employees of the hospital suffered very extensively from sore throat. This latter trouble was not confined to any particular building, though the diphtheria seemed to be limited to the main building, and detached buildings Nos. 2 and 3, but, I would state that the fact of our finding the germs of diphtheria in a number of cases of sore throat investigated by bacteriological examinations of the secretions of the throat, caused us to feel there was grave suspicion, that a large number of the cases that would otherwise have been considered not suspicious, might have been genuine cases of diphtheria. The cause of this outbreak was very carefully investigated into both by ourselves, and later, at our request, by Dr. F. C. Curtis of the New York State Board of Health, who came to the hospital for the purpose of making a special examination into the matter; but, while the disease was known to have been brought into the hospital in one or two of the cases, it was impossible for us to clearly determine what the causes were in the other cases. We did learn, however, that numerous cases of diphtheria developed in quite a number of places scattered over the hospital district from which this institution received patients, and it is very probable that the disease was brought into the institution in this way. I append the report made by Dr. Curtis of the State Board of Health, which was sent to us by Dr. Baxter T. Smelzer, secretary of that Board. I also append with this report, although it was received at a later date, a special report from Dr. Smelzer, on the possible contamination of the drinking water at this hospital, which subject was looked into during the course of our investigations into the possible cause of the outbreak of diphtheria.

Willard State Hospital—Annual Report

case of scarlet fever developed among our patients, and in instance the patient undoubtedly brought it from his own home, although we had no knowledge, until after he showed the case at the hospital, that he had been subject to any contagion, history that we obtained, however, on investigating the case, showed that he had been in contact with patients suffering from what was supposed to be measles but which, from the full description that we were able to obtain, was undoubtedly scarlet fever.

From an examination into the conditions relative to the water supply and sewerage system of the hospital, I would state that there seems to be some reason to feel that there is a possible danger from sewage infection, and that, while it has not been the cause of any great amount of trouble in a number of years, since the last severe epidemic of typhoid fever, it is possible that it may be very harmful at some time in the future, should the necessary conditions operate to produce disease. The intake pipe, through which the drinking water supply is obtained, runs directly into the lake at a point slightly to the south of the shore, situated on the lake front. This pipe is continued about 100 feet into the lake and, at its end, is possibly some 20 feet below the surface of the water, at the bed of the pipe, the end of the pipe is projected upwards some three or four feet from the bottom, having a sieve or screen upon it. To the south of this pipe, different sewers of the hospital empty into the lake, the main sewer being carried into the water a distance of some 1,000 to 1,500 feet south of the pipe, while still further south the other sewers from the laundry, detached building No. 2 and detached building No. 4, also empty. The prevailing winds being from the northwest, it follows that the sewage, particularly that from the sewers farthest to the south from the inlet pipe, spreads out after leaving the pipe, and is distributed so that it is carried constantly in the direction of the water pipe, a large proportion of the sewage, of course, being deposited along the shore, while there is an opportunity for some of it to reach the end of the

Willard State Hospital—Annual Report

water pipe, under certain conditions of wind and water. This is more especially the case when storms occur, and the water forms eddies by its being driven off from the shore. This matter is gone into in Dr. Smelzer's report, and our attention was attracted to it by our having investigated in every direction to try and ascertain the cause of the conditions prevailing at the hospital, which led to the extension of the diphtheria and sore throat which occurred during the past winter and spring. While we are not of the opinion that the diphtheria was directly traceable to any conditions relating to the drinking water, it is possible that, in an indirect way, the water may have affected the general health of the people to such an extent that they may have been in a more receptive condition to contract disease. I have consulted a number of gentlemen who have given more or less attention to the disposal of sewage, and problems of this kind, and, without an exception, they have expressed themselves as thinking that our system might become, at any time, a possible source of serious danger to our people. This naturally has caused the consideration of conditions of this kind to be taken up, and, in view of the necessities of the case, I think that the matter should be thoroughly investigated by a competent sanitary engineer, and some satisfactory method arrived at of changing these conditions.

IMPROVEMENTS—OUTSIDE WORK.

During the latter portion of the winter and spring a road was built down and along the north bank of the ravine opposite detached building No. 1 to enable us to bring stone more readily from the quarry, and the tool houses, that previously had been at the top of the bank in a very unsightly position, were removed to sites on the side of this roadway. A small brick building was also erected near the same location for storing the powder and dynamite used for blasting. The old temporary icehouse, formerly placed under the trees near the old tool houses, was rebuilt at a point some 200 yards or more east of the site of the new tool houses in the ravine, where it is sheltered by the trees,

Willard State Hospital—Annual Report

I am pleased to state that the erection of this building enabled us to store a very large quantity of ice during the winter, which we would otherwise have lost, very much more than recouping the cost of the material used for the purpose.

The work of cementing the floors at detached buildings Nos. 1 and 4 was completed early in the season. These buildings will now be underdrained later, but we think that most of this work can be done without interfering with the cement floors as

The chicken house to the eastward of the infirmary was removed and sold to the Meddick farm, as this was in a very unsightly location, and the chickens formerly cared for at this place were distributed among the others in the chicken houses along the north bank of the ravine near the farm-house.

The entire lawn surrounding the branch was graded and underdrained, and cement sidewalks were built from this building to connect it with the main walk on the north used for the convenience of the patients. The large mound of dirt at the south end of the Branch was removed and utilized in doing the grading around the building. This formed a runway to the old coal bins and trestle, but as they were no longer needed, we have begun to take them down, and we hope that, by another spring, the grounds around this building will present a very pleasing and attractive appearance.

Cement walks were constructed between detached buildings Nos. 1 and 4, and the grading of the lawns at the east of these buildings was finished and the grounds seeded. Considerable grading was done about Hadley Hall, and the grading of the grounds used in connection with the cinder path and exercise field for the patients was completed and the ground seeded. The grading was also completed and the ground seeded around the electric light plant, and this building was connected with the main walk by cement walks, and work of the same character was begun and has been partially completed in the neighborhood of the Employees' Home. The grounds were also re-graded and seeded in the south court

Willard State Hospital—Annual Report

yard east of the main building. This ground was partially covered by the location of the buildings that were burned, and a considerable remains to be done at that place, but the work is in progress, and with the completion of the cement paths which are being built across the ravine to connect the main building with the laundry and detached buildings Nos. 2 and 4, and with the addition of some shrubbery and a few well built roads, will enable us to handle our stores, provisions, etc., to advantage, and the grounds at this side of the building will be much improved.

With the permission of your Board, and entirely with labor of patients under the direction of their attendants, a five foot wide path was built from the railroad track east of the branch to the limit of the State grounds, northeast of the upper reservoir. This path or walk is a great convenience, particularly to the employes of the hospital, and forms an attractive feature in connection with the grounds, giving them a much more finished appearance along this approach.

Cement gutters were laid from the leader pipes on both sides of the north wing to the main sewer and this work will be completed on, both at this and the other buildings, where needed, as long as the pleasant weather continues, and we hope that, as a consequence, our cellars will be very much drier during the coming winter.

The returns from the farm, which is chiefly carried on with the aid of patients' labor, will be referred to in the steward's report on this subject, and I will, therefore, not mention in detail the many kinds of work done, except to say that the labor of patients has been utilized as far as possible in all the departments in which we have paid employes engaged. The handling of stock, wood, coal, caring for cattle, the ordinary farm work, and many other matters are only items of daily routine, and would be numerous as to make the report burdensome if mentioned in detail.

Willard State Hospital—Annual Report

WORK DONE BY THE CARPENTER'S DEPARTMENT.

an institution of the size of this hospital, miscellaneous work of the character of permanent improvements is constantly being accomplished, and it seems, therefore, hardly necessary, in addition to the data contained in this report, to refer to the various kinds of detail repairs, etc., that has been conducted and carried during the past year. The principal repairs and the extraordinary repairs and betterments that have been either undertaken or completed during the year, are as follows:

The old gas house was remodelled to some extent, the west portion being fitted up as a blacksmith shop, and the east portion repaired by putting in a cement floor and additional windows and ceiling the room overhead, as well as providing support for beams and shafting, to enable us to use this as a machine shop. When this work is completed we will be able to separate the machine shop from the carpenter shop, improving both departments very considerably.

A new greenhouse, 20 feet by 166 feet, was purchased in the fall from funds previously allowed the hospital by the State Commission, and this is now being constructed upon the hospital grounds.

A large amount of money was allowed for the construction of new buildings and a requisition was approved by the commission to enable us to build new buildings east of the main railroad track south of the branch, so that we can take down the old pig-sties which have been so long a source of annoyance to the hospital. This work is hardly likely to be completed this winter, on account of the advance of the cold weather. We hope, however, to put in a cement floor and to get things well in hand so that with the opening of the coming spring, the building can be erected and the old ones discontinued. We expect to use the portion of the old buildings in the construction of the new ones, and it is principally on this account that the new buildings cannot be completed until it will be safe to do away with the shelter for the pigs in cold weather.

Willard State Hospital—Annual Report

Trouble was experienced between the hotel and the lake by washing out of the road near one of the main conduits, which had become clogged during the spring rains. A new conduit with a large manhole was put in at this point, to enable us to easily clear out the conduit in case this accident should happen again.

Steel ceilings were put up in the main kitchen, the steward's office, in the entrance hall to detached building No. 3, the hall of wards 1, 2, 4, 5, 6, 7 and 8, and the day rooms of wards 4 and 5 of detached building No. 3.

The work of remodelling the main kitchen was carried to completion, and when this room is provided with some additional kitchen equipment, the hospital will have an excellent kitchen in the main building.

The steward's office was enlarged and a fireproof vault for the preservation of the hospital records provided, and this work has been completed.

The old frame building situated near the laundry was ceilinged, pockets and shelving were put in, together with an elevator suitable for laundry purposes, and this building will now be moved to a position at the north end of the laundry building, so as to use it as an adjunct to the sorting and ironing-room, and in connection with the linen clerk's department.

A new piazza was built at the steward's house.

The internal arrangement of the storage building was slightly changed, the sewing-rooms being placed on the second floor, where they could be managed together, and the shoeshop and other industries, formerly carried on on two floors, were transferred to the large room at the east end of this building. This enables us to put all of the stores, consisting of dry goods, clothing, etc., on the first floor, the linen clerks using that portion at the south end of the building for the storage of newly-made goods, etc.

A large bookcase was made for the manager's room to enable us to spread out and use to better advantage the medical library that belongs to the hospital.

Willard State Hospital—Annual Report

the floors were laid in the corridors between the wards of the building opposite the entrances to the water-closets and rooms in wards 3, 6, 7, 8 and 9 of the south wing, and in ashrooms of wards 7, 8 and 9 of that wing.

WORK DONE BY THE ENGINEER'S DEPARTMENT.

A corridor immediately beneath the hallway leading from the center to the south wing was fitted up as a scullery and washable-room, and was heated with steam. This enables us to do this kind of work out of the main kitchen, and in that way improve its ordinary appearance.

A new pan rack was made of galvanized iron pipe for the main kitchen, and this has proven very satisfactory and will be used as a pattern in furnishing the other buildings. We are indebted to the Board of the Rochester State Hospital for the drawing from which this was made.

The heating and supply of steam in the entire main kitchen was arranged so as to accommodate the new arrangement in the enlarged room.

The water-closets in the storage building were changed to accommodate the new arrangement of the patients working there in several departments.

A steam connection was made, radiators placed, etc., for heating the new annex to the laundry referred to heretofore.

The steam plant for heating the Superintendent's house was recently changed to a system of direct radiation from the indirect system. This was done for the reason that the house was extremely cold during a portion of last winter, and it seemed very difficult to satisfactorily heat the building. This building also has its sewer line changed so that now it has an independent exit to the lake. The cistern formerly placed in the basement of this building was taken out and placed immediately outside of the building, in the ground.

Willard State Hospital—Annual Report

WORK DONE BY THE PAINTER'S DEPARTMENT.

The employes' home, icehouse and meat shop, the carpenter shop and sheds, and the building in which the electric light plant and fire department are located, were all painted on the outside to correspond with the main building. In the matter of inside work I would mention the painting and decorating of the main entrance and corridors at the main building, the laying of linoleum in the corridors leading to the wards from the center, in this building, and the painting of the sleeping-rooms at the rear of the center. A number of the physicians and officers' rooms were also painted and papered, and the officers' dining-room, the steward's office, the staircases and hallways were also painted. Linoleum was laid throughout the main hall and in the steward's office, and we find the use of this material in these rooms and in the corridors and hallways a very material improvement. Formerly, it was the custom to polish these floors with paraffine, and we found that this took the time of a skilled mechanic throughout the larger part of the year. Since the linoleum was put down, we find the hallways and corridors very much more quiet than they have ever been before, and the work of keeping the floor in condition is done entirely by the patients on the adjoining wards. The same applies to the hallways in the front portion of the building. I would draw attention, in this connection, to the fact that two of the main wards, in which we have respectively thirty-nine and twenty-one patients, have had broad strips of linoleum through the center in one case for three years, and in the other for five years. These halls are very much more quiet than the ones with bare floors, and the linoleum shows little or no wear, even after this service, and the polished portion at the sides of the linoleum is very easily kept in order, and with but very little trouble. It is quite an open question as to whether the use of the thick linoleum that we use for this purpose, where its use is applicable, is not a matter of considerable economy to an institution.

Willard State Hospital—Annual Report

the main building on the north wing, wards 1 and 8 were painted and decorated throughout, including the rooms attached to the wards. In wards 6 and 9 new metal ceilings previously supplied were painted, and they, together with the remainder of the wards, were touched up so as to be in a presentable condition at the time being.

In the south wing, ward 3 was painted and decorated throughout, including the side rooms, and the ceilings were painted in wards 5, 6, 8 and 9, besides doing the touching up required to make these wards presentable.

The side walls and ceilings of the main kitchen, scullery, wash-room and dining-room were all painted.

In detached building No. 1 the entire building was painted and decorated throughout. This building is 550 feet long, and with the sleeping-rooms, gave quite an extensive area for our painters to work over, but it was in a wretched condition, and the work done by the painters is a very great improvement.

In detached building No. 2 the main wards and some of the side rooms were painted and decorated, and linoleum was placed on the stairs of the stairway, and in the hallways leading from the side rooms to the stairs.

In detached building No. 3 the bathrooms and water-closets were painted and enamelled, and a number of the other rooms were also painted, besides touching up the other rooms where necessary.

In detached building No. 4 the wards of the entire group of buildings were painted and decorated. This building is of about the same size as detached building No. 1. Linoleum was also laid in passage ways and stairways, and on the floor of the main entrance at the entrance of the building.

In the infirmary the paper, which had become very dilapidated from its appearance, was carefully scraped from the wall, and this surface was done over in water colors. This method was followed in the interest of economy, as we were anxious to see whether it would prove a good substitute for the oil painting.

Willard State Hospital—Annual Report

which we have always followed heretofore in the hospital work and I regret to state that the success has not been what was bespoken for it. When finished the building presented a very neat and attractive appearance, but we find that the walls are very easily soiled and have to be constantly gone over in order to keep them presentable.

The steamer "Nautilus" was painted early in the summer and put in condition for the work of carrying the patients on their outings, and in going across the lake for patients obtained on no commitments, etc.

Besides the above work specified, some three thousand pieces of furniture were varnished and repaired during the year, and the carriages, sleighs, etc., were painted as became necessary; and other work of a miscellaneous description, including glazing, etc., was regularly attended to.

During the past year a large amount of work was done on funds that were previously allotted by the State Commission under former apportionments, and some work, such as that spoken of heretofore, after, and that of the piggeries, greenhouse, motor for machinery shop, etc., is included under the amount shown on table No. 2. The amount expended for extraordinary improvements, and this amount, \$50,090.79, includes also bills that were rendered during the month of October, 1896, for work completed about the close of the preceding year. Among the more important items included under this allowance were the following:

Important changes in the electric light plant, including a new entirely new switchboard for the plant, and the rewiring of the storage buildings, with controlling switches for this and a number of the other buildings; the final work on the laundry and storage buildings, including steamheating, etc., was completed; the sewing-rooms in the storage building were provided with additional sewing machines run by electric motors; a number of tailor electric irons were provided; a new cow barn was built and turned over to us by the contractors; nearly \$4,500 worth of new apparatus was provided for the various kitchens; considerable addi-

Willard State Hospital—Annual Report

l furniture was supplied; the steamer dock was repaired and ribs under the dockhouse rebuilt; piazza floors were renewed in the infirmary; a number of the cellar floors in the outlying buildings were cemented and the basements drained; considerable plumbing was overhauled; the wards in the main building were provided with junction boxes on all of the electric light circuits; a large number of new fire extinguishers were purchased; considerable money was expended in putting the railroad around the grounds in good condition and rendering it more safe; machinery was purchased for the manufacture of brooms; extra typewriters and a mimeograph were purchased for the main office; Smith's tools were purchased to enable us to do our own work; a new armature and sleeve for one of the electric dynamos were purchased; window screens and awnings were purchased; \$1,500 was allowed us on a former allotment for services of painters and masons in making repairs to the buildings, and material was purchased for the extension of the pipes in the fire main around the main building.

Besides the items mentioned above, a large amount was expended in small sums for various matters in the way of general and special improvements. Some of these items are possibly included in last year's report, but are again mentioned here for the reason that the work was finally completed during the period covered by the present report, and the total amount expended for general and ordinary improvements probably includes some matters which were completed prior to the beginning of the year, but for which bills were rendered after the 1st of October, 1896.

NEEDS OF THE HOSPITAL.

In reporting on the various matters under this caption, that I consider it advisable to bring before your Board, I would respectfully state that, owing to the small amount of money the State Commission in Lunacy have been able to give us during the year, little or nothing has been done in carrying out the work which was outlined in the report for 1897. The Commission allowed

Willard State Hospital—Annual Report

us money with which to purchase an electric motor for fitting up a machine shop in a building formerly used as a gashouse, and this work has been very satisfactorily progressed with, and I trust that we will be able to move the machinery from the old building, used between the carpenters and the engineers and to have a well appointed workshop for the machinists in this building.

Additional facilities were also accorded us by the Commission by their allowing the hospital a special employe both for the position of blacksmith and that of tinsmith, and we are now doing all the iron work, horseshoeing, etc., that we formerly had done outside, at our own shop, and have found this a matter of considerable saving to the hospital. The tinsmith does a large proportion of our repairs, and will also be utilized during the coming fall in superintending such repairs as will be necessary in putting the roofs of the various buildings in order to meet the coming winter. We were also allowed by the Commission to purchase cement and sand for the extension of our sidewalks from the main building across the ravine to the new laundry, and connecting with detached building No. 2. Sufficient material was granted for this purpose to enable us to put down very satisfactory walks south from the center of the hospital, and these will be a great advantage to us in wet weather.

With the exception of these matters reported, very little has been done concerning any of the work for which appropriations were asked in the last report of this hospital, for the reason that none of the funds were allotted to us, as requested. The outbreak of diphtheria and the consequent anxiety because of the unsanitary conditions that have been previously reported, both in the matter of the plumbing and the water supply, caused us very great concern, and these matters were carefully gone over again, and referred to the State Commission in Lunacy, with the request that allotments might be made for the purpose of carrying out new work in the matter of providing an additional water supply for the branch and the east buildings, as formerly outlined in the report made by Prof. Eldredge of Cornell University concerning his investigation of the present water works system

Willard State Hospital—Annual Report

Willard State Hospital, made by him for the former board managers, and containing suggestions that were printed in last report concerning the needs of the institution in this ward and suggesting the equipment that would be necessary to make adequate provision for the wants of the hospital. This matter, at the writing of this report, is still in the hands of the commission. We were able to use the water from the east reservoirs until the commencement of the warm weather, but at that time it became so foul and so badly smelling that we had to discontinue its use entirely for drinking water, though we regret to state that it was necessary for us to continue to use it as drinking water for the building known as the branch. The infirmary and detached building No. 3 were supplied by using a small auxiliary pump at the electric light station, and pumping water from the reservoir, supplied from the lake, to cisterns between the said buildings and the branch, and allowing the supply to come back from these cisterns. The branch obtained drinking water from wells. The supply of water for the east buildings is undoubtedly entirely inadequate and the quality of water cannot be improved except by getting a supply from the lake, as described by Prof. Eldredge's report. It is extremely important that this matter be taken up at the earliest possible moment, and it is greatly to be hoped that we may succeed this year in having the improvements made that are required in this section. I append a copy of Prof. Eldredge's report, printed in your report last year, and would respectfully urge the great importance of having the work described carried through to completion at the earliest possible moment. The fact that we have gone for years at this hospital without any serious epidemic of typhoid fever and other disease of a contagious nature, does not assure us, particularly while we know that we have to deal with the unsanitary conditions that at present exist, in such a comfortable way, that we will continue in the future, as in the past, to be free entirely from troubles as much to be dreaded as those mentioned. Should any germs of typhoid fever be carried

Willard State Hospital—Annual Report

into the water supply from the rain shed, as could so easily happen where we know that we are collecting water that may be more or less contaminated, it is possible that the results to the hospital would be extremely grave, and results of this kind would be more to be apprehended from a drinking water supply obtained under present conditions for the east buildings, than from that obtained from Seneca lake for the buildings on its border.

Certainly any conditions of this kind deserve very thorough consideration, and all necessary steps should be taken to place an institution such as ours in a thoroughly sanitary condition.

The amount of money asked for during the past year by your board for the increased water supply, was \$25,000.

The State Commission in Lunacy was also requested by the board, in view of the extremely unsanitary conditions of the main building, where the principal number of cases of diphtheria developed, to furnish the hospital with means for renewing and remodelling the entire system of plumbing for this building. This plumbing can only be described by saying that it is worn out, of antiquated pattern from present standards, having been put in, in the neighborhood of thirty years ago, the soil pipes being of very light iron and in many cases filled with rust holes; and nothing effectual can be done with it, except by renewing the entire system.

At the direction of the Lunacy Commission, Mr. Henri D. Dickinson, a sanitary engineer of New York city, was employed to draw up specifications, and it is to be hoped that, during the coming season, this work can be very thoroughly done in order to remove a source of danger that has long been present at the hospital.

Mr. Dickinson's report will be found appended to my report. In this connection, I desire to call attention to the necessity of renewing the plumbing in the remaining buildings. The only building of the seven principal buildings at this hospital that has modern plumbing, is detached building No. 3. This was done a little over a year ago, and very satisfactorily, under plans and

Willard State Hospital—Annual Report

ifications prepared by Mr. Wm. Paul Gerhard, a sanitary engineer. In all of the remaining buildings the plumbing is extremely poor, and as referred to in Dr. Mabon's report of last year, "should be removed and new substituted" as soon as possible. The doctor's recommendation was that each year one or more of these buildings should have "all the old and foul plumbing removed and new substituted," and this I can not too strongly urge. Aside from the trouble in these buildings from the old and foul plumbing, the method of bathing is entirely antiquated, no bathing being had in any of the buildings except the commonest kind of old iron bath-tubs, that are kept as clean as may be by scrubbing from time to time, with the exception of the improved showers recently supplied in detached building No. 3. It is our intention, at the suggestion of the Lunacy Commission, to provide bathing rings in connection with some of these buildings, and we hope in this way to improve to a slight extent the conditions now prevailing, but a more radical measure should certainly be adopted, and it would be desirable, while retaining the advantages in some of these wards for occasional bathing, to have in each of these buildings a combined bath and dressing-room, which could readily be obtained at comparatively moderate cost, so that the bathing could be done as speedily as possible and under a better supervision than could heretofore be had, because the baths being scattered throughout each building, one on each of the different wards. This system has been suggested in connection with the new plumbing at the main building, and I am sure, not only be much more advantageous in the way described, but it would also result in a saving of space which could thereafter be utilized as room for additional patients. In reference to the bathing facilities suggested for the main building, suggests, and I would respectfully add in this connection concerning the requests made for the preceding year in the report of bath houses, that if the allowance is made us by the Lunacy Commission for the matter referred to, it will enable us, at the time being, to handle our patients very much better than heretofore as regards the bathing at the main building, but it

Willard State Hospital—Annual Report

will not altogether fulfill the requirements of the institution. The bath houses asked for last year were expected to provide not only additional bathing facilities, but also clothing rooms which would enable us to bring together at a certain point and under a few employes, the clothing for each wing in the respective clothing-rooms, instead of having it scattered around, some on each ward, as is now the case. If this should be carried out, there would also in this way, be a direct saving to the State in the amount of room for additional patients that would be had by giving up the clothing rooms and using them for sleeping quarters for these patients. It is, therefore, to be hoped that the matter of the erection of these bath houses will be carried out. The amount shown, as asked for, for their erection, is based on the estimate prepared under the direction of your Board last year.

In addition to the matters above outlined, there are many other requirements for which the need of money for this hospital is very apparent. In an institution as old as ours, and particularly in one originally designed for chronic cases only, much has to be done to equip and establish an effective service for caring for acute cases. Certainly a great deal has been done in this direction, as any comparison of the present furnishing of the hospital will show, to those at all familiar with it in the past, and the greatest strides have been made within a comparatively short time past, particularly during the preceding year. If we could duplicate for a few years the work that was made possible by the allotments of money given to my predecessor, Dr. Mabon, it would take but a short time to place this hospital in a position as well calculated to do this work of caring for and treating the insane as any other institution of the kind.

To do the work outlined by the former board of managers, and asked for by them in the last report, the following amounts were specified in their report:

Increased water supply.....	\$20,000
Two bath houses.....	25,000

Willard State Hospital—Annual Report

Hospital for acute cases.....	\$25,000
Age for working patients.....	16,500
Storage	14,500
ing apparatus	20,000
Electric light equipment.....	16,000
abing	15,000
zas	5,000
floors	6,500
walks	1,500
l fence	7,500
ceilings	3,000
iture	5,000
ting	3,000
ine shop and equipment.....	4,000
g	5,000
ological laboratory	800
n implements and tile.....	750
n fences	1,200
.....	3,500

the items of the increased water supply, the bath houses and plumbing for the main building, have already been discussed, I will therefore only add such comments as may apply to the requests. Under these captions I quote in full from Dr. Don's report the following, giving each paragraph a reference number:

No. 1. HOSPITAL FOR ACUTE CASES, \$25,000.

would emphasize the necessity for this building. The Willard Hospital was primarily constructed for the custodial care of chronic insane, and no special provision has ever been made for the scientific treatment and care of acute cases. Since, under the State Care Act, we are now receiving large numbers of the latter class, provisions should be made for their speedy restoration to health.

Willard State Hospital—Annual Report

No. 2. COTTAGE FOR WORKING PATIENTS, \$16,500.

We can increase our accommodations by erecting a cottage for working patients on the lake farm, where we have about 200 acres of land. The farm-house now located there is too old and dilapidated to permit rebuilding and enlarging. At a per capita of \$550 such a building could be constructed for thirty patients for the above mentioned sum.

No. 3. COLD STORAGE, \$14,500.

The present quarters for the meat supplies are entirely too limited. I would urge that the sum above named be allowed for the purpose of cold storage, in order that a building might be erected and a refrigerating plant installed such as would meet our requirements not only for the present, but also for the future. This sum is a moderate estimate when we consider the large population of the institution and the great quantities of meat which have to be stored. In addition, a building of this kind would provide a proper place for the storage of butter, fruit and eggs and other perishable products.

No. 4. HEATING APPARATUS, \$20,000.

The heating and ventilation of the main building is so defective as to require the introduction of an entirely new system. During severe weather it is impossible to heat certain wards, and inmates have to be transferred to other wards to insure any degree of comfort.

No. 5. ELECTRIC LIGHT STATION, \$16,000.

Two new direct connected dynamos and an engine should be installed in our electric light station to provide for the increased number of lamps required. The present plant is now inadequate to the needs of the institution.

No. 6. PLUMBING, \$15,000.

Each year one or more of the detached buildings should have all of the old and foul plumbing removed and new substituted.

Willard State Hospital—Annual Report

The unsanitary and old fixtures require more water for the flushing than modern ones, and the introduction of the latter would result in marked economy at our pumping station. On many of the wards of the main building the plumbing is as poor as can be found in the State, and the only wonder is that more sickness has not resulted therefrom.

No. 7. PIAZZAS, \$5,000.

All of the detached buildings are severely plain, and much could be done at small expense to make them attractive by erecting piazzas. Should we do this it would be possible for the aged and infirm to receive the incalculable blessing of air and sunshine, while at the same time a protection to all on rainy summer days would be afforded.

No. 8. NEW FLOORS, \$6,500.

The floors at D. B. 2 and D. B. 4 are practically worn out, being rotten and sagging everywhere, and in many places the supports are decayed and dangerous. The work of renovation cannot longer be delayed, and new floors should be laid at the earliest practicable date.

No. 9. SIDEWALKS, \$1,500.

We desire to prosecute the work of laying cement sidewalks and gutters, and the sum named will be ample for this purpose.

No. 10. STEEL FENCE, \$7,500.

During the summer months the hospital grounds are overrun with visitors who do not always manifest proper consideration for our patients, but do display an unrestrained, morbid curiosity to see those who are not proper subjects for the gaze of mere sightseers. Excursionists land at the steamboat dock, and, unless carefully watched, use the ground for picnic purposes, scattering papers and rubbish in their path. The wooden fence on the north of the garden is no protection against marauders, who climb over or under and help themselves to vegetables and fruit,

Willard State Hospital—Annual Report

despite the efforts of policemen and attendants. These annoyances could be overcome by erecting a steel fence eight feet high, with sharpened pickets, extending from the lake to the public highway east of the infirmary. It is estimated that such a fence would cost \$1 a foot, including gates, posts, etc.

No. 11. STEEL CEILING, \$3,000.

Many of the wards and day-rooms in the cottages should be provided with steel ceilings, as the plastering is so old and loose as to be a constant source of danger to the occupants.

No. 12. FURNITURE, \$5,000.

Much remains to be done in furnishing. The constant wear and tear upon furniture by the population of a hospital for the insane, necessitates frequent renewals, and here, as elsewhere, it is economical, in the long run, to purchase the best.

No. 13. PAINTING, \$3,000.

All the buildings for patients on the hospital premises are much in need of painting inside and out. If this sum is allowed it will greatly improve their condition from all points of view.

No. 14. MACHINE SHOP AND EQUIPMENT, \$4,000.

The present machine shop is inadequate for our growing needs and increasing population. It occupies room which should properly belong to the carpenter and other mechanics. The old gas house could be utilized for this purpose, and \$1,000 would make the necessary alterations.

When this change is made, the equipment should be increased by the purchase of a machine capable of cutting pipe from four to twelve inches, which would cost \$2,400. A lathe could also be obtained at an approximate cost of \$600.

No. 15. TILING, \$5,000.

Tile floors should be laid in the kitchen of D. B. 1 and the infirmary, as well as in some of the dining-rooms of the cottages.

Willard State Hospital—Annual Report

These latter places, with their old, decayed and water soaked floors, it is now almost impossible to keep clean.

No. 16. PATHOLOGICAL LABORATORY, \$800.

This sum is asked for the equipment of a laboratory for the care and preservation of specimens, and for pathological research, which, with our present appliances, is confined within quite too narrow limits.

No. 17. FARM IMPLEMENTS AND TILE, \$750.

We require farm wagons and implements to replace old and worthless ones. Some of these have done duty almost from the time of the opening of the institution.

No. 18. FARM FENCES, \$1,200.

More wire fence of the Page pattern is needed to protect our farming lands.

No. 19. SILO, \$3,500.

In order to feed our cattle most economically and obtain the best results from our land, it would be well to use ensilage for fodder. Our pasturage is insufficient for our herd.

Concerning the explanations, made by Dr. Mabon, regarding the requests contained in his report, I would respectfully add the following comments:

No. 1. HOSPITAL FOR ACUTE CASES.

The force of Dr. Mabon's remarks, as applied to the necessity for this hospital for the treatment of acute cases, is so obvious as to require very little that I can say to emphasize it. While some of our wards are fairly well adapted for handling the acute insane, under conditions of overcrowding, the care to be given to these cases is necessarily very greatly handicapped, and considering that among the acute cases, both those who are insane, and those who are sick as well as insane, I would state that no adequate provision at present exists for caring for these patients to the best advantage, particularly in the case of the latter.

Willard State Hospital—Annual Report

Heretofore, with the exception of such patients as were given treatment in the branch and at the male infirmary, where almost exclusively the decrepit, feeble and filthy patients had to be cared for, no system has been in vogue latterly of treating the acute sick taken from among the patients in general in any regular hospital ward. These cases have been cared for wherever they have become sick, and certain classes of the acute insane that it would be more desirable to place with the acute sick, have also had to be cared for among other patients with whom it was a disadvantage to place them. An attempt has been made during the past year to separate these patients as far as possible, and ward 7 on the north wing has been set apart for the men, and ward 7 on the south wing for the women, our idea being to collect all the acute sick and such cases of the acute insane as require hospital diet and treatment, and care for them in these wards, not only collecting patients from the main building that need this treatment, but also from all the other buildings, separating out, however, the consumptives, who we consider it desirable to care for entirely apart from the other sick. The carrying out of this plan, particularly in cold or inclement weather, will necessitate our being provided with an ambulance, and it is to be hoped that the commission will allow a wagon properly equipped for this purpose. If the temporary arrangement referred to is carried out, it will be possible, with but little addition to our paid force, to give all of the acute sick a maximum amount of care both by day and by night. With the addition of a building designed particularly with reference to caring for the acute sick, the conditions would be vastly improved.

To understand the needs of the Willard State hospital, it may be necessary, in a brief way, to give a little explanation as to the class of cases that have heretofore been cared for in this institution, and to say something of the character of the patients as they now are. When this institution was formally opened, and until October 1, 1890, the patients sent to the hospital were chiefly those who were regarded as chronic cases, and it was considered

Willard State Hospital—Annual Report

that with this class of patients it was desirable to care for them at the lowest possible cost. While not advocating any unnecessary luxuries, or extravagant surroundings, for this class, the general opinion as to the kind of care which they require, based principally on the humanitarian view of the matter, has materially changed, and considering the barren wards of the past which, in some public institutions, were destitute of even almost ordinary necessities for comfort, and considering that these patients, hopeless as their cases may be, are the immediate relatives and friends of so large a body of the citizens and taxpayers of the State, it is, in my opinion, a matter that we should be grateful for that this change has come about, and, applying my remarks particularly to the Willard State hospital, it is to be hoped that, for the kind of care necessary to be given to our present charges, this hospital will become as fully equipped and as well adapted for the work, as any of the others, and that no discrimination will be made against the institution because of its being so much further removed from the large centers. While the possession of a large and very productive farming property, and our location in the center of one of the largest agricultural districts of the State, renders it possible to make large savings in the ordinary expenses of the institution, both through the returns from the farm, and by our being able to buy many of our supplies at lower prices than some of the other hospitals—in the matter of the equipment and furnishing for corresponding classes of cases, and in the matter of the care given to patients suffering from insanity in accordance with their condition, I would respectfully submit that these should be as nearly as possibly uniform, and that it is only right that this hospital should have as much consideration in these matters as any of the others in the State.

No. 2. COTTAGE FOR WORKING PATIENTS.

This matter I consider is sufficiently set forth in the notes of last year. Nothing has been done as regards building this structure, and it is quite desirable that this should be undertaken as soon as the funds can be obtained.

Willard State Hospital—Annual Report

No. 3. COLD STORAGE PLANT.

A building of this character for cold storage and the manufacture of ice would be of great importance to the hospital, enabling us, as it would, to buy some of our supplies, notably butter, in much larger quantities and effect a saving to the hospital by getting these supplies at a time of year when they are sold at the lowest prices in the market. The possible manufacture of ice for hospital use is not least among the advantages that would be afforded by a plant of this kind to the institution. As Seneca Lake does not freeze over, we find it necessary to get all of our ice from the middle and east reservoirs belonging to the hospital. If the water for the east buildings is pumped largely from the middle reservoir, this will probably prevent our getting sufficient ice there to form any source of supply, and as the water from the east reservoir is considered unfit to use when frozen, except for the purpose of cooling meat and for such uses, it will be necessary for us to look in some other direction for ice for drinking water and other hospital requirements. A plant of the kind referred to could be arranged to do all the cooling necessary to keep the stores, and also to manufacture all the ice that would ordinarily be required in the institution, and this latter would have the advantage of being entirely pure. It is my opinion that a building of this kind would pay for itself in a few years in the saving that it would make.

No. 4. HEATING APPARATUS.

I desire to supplement Dr. Mabon's comments on the heating and ventilation of the main building, by stating that opinions that I have obtained from steam engineers who have looked over this plant are to the effect that portions of the work can only be used for a short time longer. The main steam pipe in the center has been clamped a number of times and is practically worn out; it will be absolutely necessary to have this replaced. The temperatures on some of the wards are low in cold weather, and additional heating surface is absolutely necessary to provide a

Willard State Hospital—Annual Report

comfortable temperature, especially for the rooms off of the hallways. All of the radiators in the old indirect system of heating are of the old-fashioned kind, that clamp together with a rubber gasket between, and it is impossible to put any amount of pressure of steam upon them without forcing water through, and the consequence is that our basements are wet during all of the winter season. The conditions of heat and moisture in the closed basements, parts of which are always quite dark, are, as everyone is aware, a productive source of germ growth, and it does not seem possible that these basements can be made entirely sanitary or healthy until some of these defects are remedied. They will probably have to be under-drained and an asphalt bottom laid, and other means taken to render it proper to pass the body of air through them that is distributed to the wards for heating and ventilating. This would also probably necessitate fans at appropriate points and slight changes in the division of the passages; so that the pressure of a wind storm upon the western side of the building would not result in too unequal a division of the air distributed to the different wards. In many instances the radiators in the cellar are sent against a series of three flues, one leading to each one of the wards, the result being that, according to the conditions of pressure, etc., the heated air finds its way to the flue to which it has the easiest ingress, and this results in cold wards elsewhere. All of the windows in the main building are made on the plan often found in the older institutions or asylums for the insane, the upper sash consisting of an iron frame permanently fastened into the opening for the window, the glass being inserted into this frame so that, from the outside, it has the appearance of an ordinary window sash, but which, being immovable, entirely prevents top sash ventilation. To change all the windows of this building would be a matter of very great expense, but it is to be hoped that, in the work for the improving of the heating and ventilating, this matter may eventually receive some attention.

Willard State Hospital—Annual Report

In connection with the remarks made above in relation to the steam heating, I would also draw attention to the fact that the method of heating is approximately the same throughout all buildings of the hospital. Radiators are almost entirely of the old clamp pattern, particularly where the indirect radiation prevails, and these are continually getting out of order and will not allow us to have a pressure of more than ten or fifteen pounds upon any of the radiators. As a result, we find by inspection of the temperature records, that the temperatures in cold weather are very low, the thermometer often ranging among the forties and fifties, in buildings where we have to care for a large number of people in feeble condition. An effort will be made this winter to improve these conditions by the use of weather strips, and should this prove unsatisfactory, we expect to make requisition upon the Commission for storm windows for some of these buildings, but much more radical measures must be eventually adopted to make the buildings entirely comfortable under all conditions. I would also draw attention to the fact that in some three or four of the outlying buildings, where these conditions prevail, and in some of which we have old and feeble people, it has been the practice of the hospital not to keep up the steam at night time, in winter. This custom renders the buildings very uncomfortable for both the patients and the employees who are on duty, and it hardly seems to me that it is very economical, at any rate as far as the expense of the coal is concerned; certainly not sufficiently so as to compensate for the amount of discomfort occasioned thereby, and I sincerely hope that, with the coming winter, we may be allowed sufficient help to have as uniform a supply of steam as possible throughout the twenty-four hours. The most difficult building to heat is the Branch, on account of its location on the top of the hill, where it is exposed to the full force of the western blasts. In this case it may be necessary to increase the heating surface, as well as to provide storm windows, to make the building comfortable in the very coldest weather.

Willard State Hospital—Annual Report

No. 5. ELECTRIC LIGHT EQUIPMENT.

Although it would be extremely desirable to effect the change asked for in last year's report by having direct connected engines and dynamos installed, and provision made to connect together the different electrical units, so that, in case of a breakdown of any one of the dynamos we would not necessarily be without light, this matter is one of very considerable expense, particularly as we have practically outgrown the capacity of the present machines, and, as it would be necessary, especially if in the ventilation of the buildings, etc., we used motors to run the fans, and in other ways supply additional motive power that could be thus distributed from the electric plant, it would be necessary in making the changes referred to, to put in considerably larger machines than we have heretofore used. It would, therefore, seem to me that this question, in connection with the matter of adequate and proper heating of the buildings of the hospital, must necessarily be taken up on some general plan, and, from information that I have gained, I am of the opinion that eventually a move could be made at this hospital to have the heat for all the buildings supplied from one, or, at the most, two plants, instead of seven or more, as at present. If this should be eventually carried out, it would seem as if the economy would be enormous, particularly in the matter of the wages saved by being able to employ a much smaller number of employes to do the same amount of work as at present, and I think it would be more economical and desirable to make any changes that are made in the electric light plant at the same time that any possible changes in the combined heating, etc., are taken up and I would therefore recommend that this matter be dropped from consideration for the present time, unless the State Commission in Lunacy will signify their willingness, on the ground of the resulting economy, to take up the full consideration of both these questions. Aside from the standpoint of economy, I wish to state concerning the necessity of increasing the efficiency of the electric light plant in order not only to give a maximum efficiency

Willard State Hospital—Annual Report

but also because of the greater safety to the patients in having a uniform and sufficient amount of light provided at all places where it is required, that the loss of light by the stoppage of the machines, or for any other reason, is an extremely material one in any institution for the insane, as it has been found that lack of sufficient light, or the going out of the light, because of the plant not having a reserve unit in case of breakdown, is a reason for great apprehension in an institution of this kind, because of the opportunity afforded patients with suicidal inclinations to take advantage of circumstances of this sort in attempting suicide, etc.

No. 6. PLUMBING.

Too much can not be said as to the necessity of continuing the work of replumbing all of the buildings that have not been considered up to this time. Supposing that the Commission will allow us sufficient funds for the main building, as a matter that is absolutely imperative, I would recommend that the request for money asked for be continued, and that the work of replumbing all the detached buildings be progressed with until this has been satisfactorily concluded. This would include not only the provisions for water-closets, wash-basins, sinks, etc., but also the matter of supplying proper bathing facilities, as heretofore outlined in my report.

No. 7. PIAZZAS.

Should it be possible for us to procure a sum of money to proceed with this work, it would seem to be very desirable. We have understood the necessity of being as moderate as possible in all of our requests, because of the many needs of the State hospital service, particularly because of the overcrowding from which all of the hospitals, as well as Willard, have probably suffered. This would be one of the matters that I would suggest should be placed before the Commission as desirable, but which could be waited for until some of the more important matters have been attended to.

Willard State Hospital—Annual Report

No. 8. NEW FLOORS.

The floors in many places are badly worn, and were it not for our system of polishing, which has taken the place of the former washing, and which it is necessary to give them in order to keep the floors in anything like presentable condition, it would be impossible to use many of the floors throughout the hospital. In numerous places there are cracks an eighth of an inch wide between the boards, and the planks in the worst places are so worn out that patching is useless. In the temporary repairs that we undertook in the buildings referred to in Dr. Mabon's notes of last year, we found that the ends of the timbers in many places were rotten and were gradually dropping into the basement. These have been temporarily supported in the places where they were the worst, but something radical in the way of repairs is imperative.

No. 9. SIDEWALKS.

As stated in the former portion of our report, the Commission have made us an allowance to prosecute the work of laying sidewalks during the past season, and a portion of this work is still in hand. It will be necessary, however, to continue this somewhat, and it is very desirable that an allowance should be made this season in order to enable us to proceed with this work.

No. 10. STEEL FENCE.

The comments on this matter by the Superintendent in last year's report were none too strong, and there is scarcely anything about the institution that is more needed than a fence along the front of the property. Throughout the season we were troubled and annoyed very greatly by visitors crossing the premises and attempting to go wherever they pleased, refusing, in many cases, to submit with any degree of readiness to the supervision that we found necessary to put upon their sightseeing and curiosity. In fact, a large proportion of the excursionists and others with whom we had trouble seemed to regard the hos-

Willard State Hospital—Annual Report

pital as merely a public park, created entirely for the purpose of their own enjoyment, and not for the insane, and they would insist on going anywhere and everywhere, coming in contact with the patients, and giving them things without our consent, peering into the windows, and subjecting the patients to their display of morbid curiosity, etc. With grounds as extensive as ours, it is possible that another watchman or two, in the summer season, would also be necessary to stop this, but the necessity, it would seem to me, is the more apparent from the fact that we had cases in which visitors gave knives, and, we believe, matches to out patients, etc., and that many outsiders would insist on coming within the grounds and attempting to do business with and otherwise interfering with our employes in the performance of their duties. These matters have always been contrary to the rules of the hospital, and are noted among the regulations of the oldest rule books that I have been able to find, but it has been, and will be, extremely hard to prevent a great deal of the annoyance unless we have a proper fence to keep outsiders from coming within the grounds, except when they have proper permission and a reasonable object in doing so. We find that a steel fence eight feet high would cost somewhat more at the present time than the amount specified in last year's report, but I think we could have a fence of this height, and erect as much of it as would be needed to reach from the lake to the wooden fence that is now in place at a much less cost than the amount previously named, and replace the latter with a steel fence of the same style as the new one, later on, as needed. This would at least give us protection for the time being, and if this was afforded, we could well wait for some time for the additional amount required. The cost of this fence would be about \$1.65 per foot, and \$3,000 would cover the cost of so much of it as would be needed to fence the distance mentioned.

No. 11. STEEL CEILINGS.

One of the greatest improvements that has been made at this hospital has been the substitution of steel ceilings for the old

Willard State Hospital—Annual Report

plaster ceilings. The latter were continually coming down, as they had been in place for many years. At present we have got the ceilings into fair condition, but it is desirable that this matter should be progressed with as soon as it is possible for us to obtain the additional amount of money required.

No. 12. FURNITURE.

As outlined in the previous report, quite a little remains to be done in the matter of furnishing the wards of the hospital. We are fairly comfortable at present, and considering the necessity for money in other directions, I would recommend that this amount be reduced to a request for \$2,500 for the coming year. This, together with the money that could reasonably be allowed us by the Commission for ordinary repairs, would place the hospital in a comfortable position.

No. 13. PAINTING.

This amount is very greatly needed, and considerably more could be utilized to good advantage in improving the hospital buildings. In my experience it is better to have a thing well done in all cases, and nothing adds as much to the attractiveness of a hospital as to have the wards neatly painted; and the vast change in the institutions for the insane in the last twenty years that has resulted in the so-called "mad-houses" being changed into hospitals that are comparatively quiet and admittedly so much superior, has, in my opinion, been chiefly due to the endeavor that has been made to give them, as nearly as possible, the attractiveness of "home" surroundings. There is less destruction, less violence among the patients, fewer complaints and abuses, and I believe a considerably increased proportion of recoveries. And considering that the patients in our charge are, in a large number of the cases, the relatives and friends of the citizens and taxpayers throughout the respective hospital districts, it is my belief that the institutions are pursuing a work and carrying out a practical charity that is of great importance

Willard State Hospital—Annual Report

to all residents of the State. In spite of all that has been said in favor of the diminution of the expense of the care of the insane, etc., all the results now show that where this has been carried too far, it has been attended by a reduced standard of care, including allegations of brutality and all the ills that we have grown to expect where a too low per capita cost is adhered to. I do not advocate at all the giving of unnecessary luxuries to people who have never been accustomed to them, or in any way unnecessarily increasing the expense of maintenance, but I believe that it is, and should be generally recognized that every advantage should be given in the way of advancing the curative treatment and alleviating suffering, and that possibly some of the comments that have been made upon our giving a liberal treatment to our unfortunate charges, have been because the fact has been lost sight of, that in a hospital for the insane, the treatment in general matters must be to a large extent general, and too marked exceptions or difference in surroundings among a large number of patients cannot be made without resulting in harm to the patients. In my opinion, all progressive institutions will regulate consistently the care and treatment of their patients in these matters according to the necessities of their cases, and I believe that the experience of New York State has shown the wisdom of the State's course.

No. 14. MACHINE SHOP AND EQUIPMENT.

The allowance made by the State Commission in Lunacy for a motor for running the machinery used in the machine shop, cementing the floor, and in other ways preparing this building, will now render all of this equipment unnecessary, at this time. A few pieces of machinery, such as we might require for special needs, could probably be purchased by money allowed us by the Commission for the particular purposes for which they might be required, and I would therefore recommend that this item be dropped from the budget for this year.

Willard State Hospital—Annual Report

No. 15. TILING.

In all of our detached buildings the conditions of overcrowding are most apparent in our dining rooms. The floors being of wood, the ceilings low, and the rooms themselves not very well ventilated, result in our inability to keep the dining rooms in a good condition as could be wished. Overcrowding in dining rooms is seldom more marked than it has been in those at the Willard State Hospital. To obviate this difficulty, a number of the tables were placed upon the side halls, and with this arrangement we have been able to get along much better, although it has had some disadvantage in attracting flies into the corridors and wards in the summer time. A great improvement certainly could be made in the cleanliness and neatness of these dining rooms, could this tiling be allowed, although it is very necessary, in connection with this, to increase the size of the dining rooms themselves, so as to accommodate all of the patients in them, and also to provide them with appropriate pantries for the washing and storing of dishes, food supplies, etc.

No. 16. PATHOLOGICAL LABORATORY.

This hospital is entirely without any proper laboratory suited to carrying on the scientific work and research necessary to keep it abreast of the times in this direction. As we must admit that, primarily, our efforts are directed towards the curative treatment of insanity, as well as the more humane treatment of the insane, it would seem to me necessary that as close a pursuance of this work as possible should be kept up, and I would therefore recommend that the amount of this request be increased to \$2,500.

No. 17. FARM IMPLEMENTS AND TILE.

In completing the draining of our rough and wet land and in continuing the work of our farm, which has always been admitted to be extremely remunerative for an institution such as ours, I believe that it is necessary that the amount asked for should be allowed.

No 18. FARM FENCES.

The same remarks apply to this item.

No. 19. SILO.

The pasture for the cattle at this hospital amounted to so little during the past season, owing to the drought, that they had to be fed during almost the entire time. We are using all of our available land, and could use more if we had it, and the erection of a proper silo would enable us to utilize some of our land to very much better advantage.

In addition to the above named items, I would respectfully draw your attention to the necessity of having a suitable road-making machine procured for this institution, particularly on account of the extent of the grounds and the roads running through them. A machine of this kind would probably cost \$3,500.

Two or three of the other hospitals have been given road machines, but we have been unable, because of their constant use at those institutions, to borrow one of them for a few months, or even weeks, and it would seem that, if an arrangement could be made with the Lunacy Commission, an additional machine might be purchased to very great advantage, to be used between this institution and one of the others, say the Rochester State Hospital.

There is also a very great necessity for our having a somewhat more modern way of handling the milk from our cows. On previous occasions we have had outbreaks of tuberculosis among our cattle, and, considering the results at Ogdensburg and some of the other hospitals, where the cattle have been found to be infected, and have had to be destroyed, it seems to me a very important thing that we should at least carefully handle our milk supply and Pasteurize it.

To do this, a milkroom and Pasteurizing apparatus would be necessary, at a probable cost of \$1,800.

Willard State Hospital—Annual Report

COMPARATIVE STATEMENT OF REQUESTS FOR APPORTIONMENTS.

	Amounts asked for in 1896.	Amounts asked for in 1897.
Increased water supply.....	\$20,000	\$25,000
Two bath houses.....	25,000	25,000
Hospital for acute cases.....	25,000	25,000
Cottage for working patients.....	16,500	16,500
Cold storage	14,500	14,500
Heating apparatus	20,000	20,000
Electric light equipment.....	16,000	.....
Plumbing	15,000	15,000
Piazzas	5,000	5,000
New floors	6,500	6,500
Sidewalks	1,500	1,500
Steel fence	7,500	3,000
Steel ceilings	3,000	3,000
Furniture	5,000	2,500
Painting	3,000	3,000
Machine shop and equipment.....	4,000	.....
Tiling	5,000	5,000
Pathological laboratory	800	2,500
Farm implements and tile.....	750	750
Farm fences	1,200	1,200
Silo	3,500	3,500
Road machine .....	.....	3,500
Milkroom and Pasteurizing apparatus..	.....	1,500
Totals	<u>\$198,750</u>	<u>\$183,450</u>

MEDICAL STAFF AND OFFICERS.

During the year of 1896, Dr. Carlos F. MacDonald, the president of the State Commission in Lunacy, retired from that position, and Dr. P. M. Wise, then Superintendent of the State Hospital at Ogdensburg, being appointed to that position, Dr. Wil-

Willard State Hospital—Annual Report

liam Mabon, my predecessor as Medical Superintendent of this hospital, was appointed to the latter position. This caused a vacancy for Superintendent at the Willard State Hospital, to which I was appointed in November, 1896, at which time I was Medical Superintendent of the Male Department of the Manhattan State Hospital, at Ward's Island, New York city.

Between the time of Dr. Mabon's going to Ogdensburg and my arrival at the hospital, the institution was managed under the direction of Dr. Henry P. Frost, the First Assistant Physician, as Acting Superintendent.

My duties at Willard were taken up January 13, 1897. The present report, therefore, includes statistics and data for the fiscal year, both prior to my assuming the duties of Superintendent at this institution, and for the period embraced from January 13 to September 30, 1897.

The changes in the personnel of the Medical Staff during the year in which I have been superintendent of the Willard State Hospital were as follows: Dr. Henry P. Frost, first assistant physician, was transferred, on March 1st, to the Buffalo State Hospital, to fill a like position at that institution, the vacancy having been caused by the transfer and promotion of Dr. Percy Bryant to the position of Medical Superintendent of the Male Department of the Manhattan State Hospital. The vacancy thus caused at this institution was filled by the appointment of Dr. William L. Russell, of Bay Shore, L. I., as First Assistant Physician on March 15th. Dr. John W. Russell, formerly Medical Intern, was promoted to the position of Junior Physician on November 13, 1896. This was a new position added to the staff. Dr. Godfrey Pittis and Dr. Edwin G. Klein were appointed Medical Internes on March 25, 1897. These were the only changes that occurred during the year.

In this connection, I wish to record my gratitude to the officers of the institution for the ready assistance that I have found on all occasions since I filled the position of superintendent. The occurrence of epidemic disease and the worry and anxiety conse-

Willard State Hospital—Annual Report

at upon this, particularly from the fact of the disease break-out in my own family, have been instrumental in establishing somewhat closer relations than possibly would otherwise have been the case. I am also very much indebted to Mr. M. J. Bert, steward of the hospital.

EMPLOYEES.

The service of the hospital during the past year has been uniformly good. It is with pleasure that I record the general good conduct and zeal of the employes, and their faithful performance of the duties assigned to them individually. Comparatively few accidents have occurred among our corps of employes. One McClelland, attendant, appointed on April 23, 1895, died of heart disease on February 18, 1897, and Gilbert T. Sears, nurse, appointed as an attendant September 8, 1890, died on September 30, 1897, also of heart disease. Both of these employes had been in the continuous employment of the institution during the period specified.

ACKNOWLEDGMENTS.

The religious services and visitations to the sick have been maintained during the year as usual, and our thanks for this work and assistance are due to Rev. H. A. Porter, Rev. C. W. Nish, Rev. J. H. Rogers, Rev. T. J. O'Connell, Rev. J. A. Kenney and Rev. M. Curran, all of Ovid, N. Y. Reading matter has been contributed as follows: American Baptist Flag, St. Louis, Mo., 1 copy. Attica News, Attica, N. Y., 1 copy. Auburn Deutsch Zeitung, Auburn, N. Y., 2 copies. Auburn Weekly Bulletin, Auburn, N. Y., 1 copy. Allegany County Democrat, Wellsville, N. Y., 2 copies. Albion Free Lance, Albion, N. Y., 1 copy. Addison Advertiser, Addison, N. Y., 2 copies. Addison Record, Addison, N. Y., 1 copy. Batavia Daily News, Batavia, N. Y., 1 copy.

Willard State Hospital—Annual Report

- Batavian, Batavia, N. Y., 1 copy.
Cayuga Chief, Weedsport, N. Y., 1 copy.
Cohocton Times, Cohocton, N. Y., 1 copy.
Caledonia Advertiser, Caledonia, N. Y., 1 copy.
Catholic Journal, Rochester, N. Y., 1 copy.
Catholic Review, New York city, 1 copy.
Cayuga County Independent, Auburn, N. Y., 1 copy.
Cuba Patriot, Cuba, N. Y., 1 copy.
Clyde Times, Clyde, N. Y., 1 copy.
Deaf-Mutes Journal, New York city, 1 copy.
Dansville Advertiser, Dansville, N. Y., 1 copy.
Democratic Herald, Clyde, N. Y., 1 copy.
Dryden Herald, Dryden, N. Y., 1 copy.
Farmer Review, Farmer, N. Y., 1 copy.
Geneva Advertiser, Geneva, N. Y., 1 copy.
Geneva Gazette, Geneva, N. Y., 1 copy.
Geneva Courier, Geneva, N. Y., 1 copy.
Groton and Lansing Journal, Groton, N. Y., 1 copy.
Holley Standard, Holley, N. Y., 1 copy.
Hammondsport Herald, Hammondsport, N. Y., 1 copy.
Hornellsville Times, Hornellsville, N. Y., 1 copy.
Hornellsville Weekly Tribune, Hornellsville, N. Y., 1 copy.
Ithaca Daily News, Ithaca, N. Y., 3 copies.
Ithaca Democrat, Ithaca, N. Y., 1 copy.
Lake Shore News, Wolcott, N. Y., 1 copy.
Le Roy Gazette, Le Roy, N. Y., 1 copy.
Livonia Gazette, Livonia, N. Y., 1 copy.
Montour Falls Free Press, Montour Falls, N. Y., 1 copy.
Mt. Morris Enterprise, Mt. Morris, N. Y., 1 copy.
Naples Record, Naples, N. Y., 1 copy.
Orleans American, Albion, N. Y., 1 copy.
Oakfield Reporter, Oakfield, N. Y., 1 copy.
Ovid Gazette, Ovid, N. Y., 2 copies.
Ovid Independent, Ovid, N. Y., 2 copies.
Ontario County Times, Canandaigua, N. Y., 1 copy.

Willard State Hospital—Annual Report

Ontario County Journal, Canandaigua, N. Y., 4 copies.
Perry Herald and News, Perry, N. Y., 2 copies.
Penn Yan Express, Penn Yan, N. Y., 1 copy.
Penn Yan Democrat, Penn Yan, N. Y., 1 copy.
Rochester Morning Herald, Rochester, N. Y., 1 copy.
Seattle Post Intelligence, Seattle, Washington, 1 copy.
Seneca County Courier, Seneca Falls, N. Y., 1 copy.
Seneca County Journal, Seneca Falls, N. Y., 1 copy.
Seneca County News, Waterloo, N. Y., 1 copy.
Seneca County News Letter, Geneva, N. Y., 1 copy.
Seneca Falls Reveille, Seneca Falls, N. Y., 3 copies.
Southern Steuben Republican, Woodhull, N. Y., 1 copy.
Spirit of the Times, Batavia, N. Y., 1 copy.
Steuben Courier, Bath, N. Y., 1 copy.
Steuben Farmers' Advocate, Bath, N. Y., 1 copy.
Union Springs Advertiser, Union Springs, N. Y., 1 copy.
Victor Herald, Victor, N. Y., 1 copy.
Waterloo Observer, Waterloo, N. Y., 1 copy.
Watkins Express, Watkins, N. Y., 1 copy.
 Yates County Chronicle, Penn Yan, N. Y., 2 copies.

OFFICIAL VISITS.

The members of the State Commission in Lunacy have made a usual number of official visits to the hospital during the year. Senators B. M. Wilcox, E. C. Stewart, B. F. Martin and S. H. Humphrey, and Assemblyman S. F. Nixon, were among the distinguished visitors who were at the hospital during the year. In conclusion, allow me to express to your Board my personal attitude for your interest and sympathy during the past year.

Very respectfully,

WM. AUSTIN MACY,

Medical Superintendent.

Willard State Hospital—Annual Report

REPORT OF THE TREASURER

To the Managers of the Willard State Hospital:

The treasurer of the Willard State Hospital respectfully submits the following statement of his receipts and payments for the year ending September 30, 1897:

Receipts.

Balance on hand, September 30, 1896.....	\$3,928 5
From State Comptroller, general fund.....	342,888 8
From State Comptroller, special funds.....	50,090 7
From State Comptroller, employment of clergymen.	1,000 0
From private patients.....	1,293 4
From reimbursing patients.....	16,346 2
From M. J. Gilbert, steward, for sales of attendants' uniforms	267 1
From M. J. Gilbert, steward, for sales of old material	1,435 4
From M. J. Gilbert, steward, for sales of farm and grounds	283 7
From M. J. Gilbert, steward, for cash refunded.....	24 5
From M. J. Gilbert, steward, for sales of telephone tickets	56 0
From M. J. Gilbert, steward, for sales of text-books.	69 0
From M. J. Gilbert, steward, for rents.....	253 5
From various State hospitals, manufacturing account	97 0
From interest on deposits	217 1
Total	\$418,251 4

Payments.

Vouchers paid from general fund.....	\$364,503 0
Vouchers paid from special funds.....	50,090 7
Vouchers paid from employment of clergymen fund.	1,000 0

Willard State Hospital—Annual Report

uchers paid from manufacturing account fund..	\$35 00
ance on hand September 30, 1897.....	2,622 60
Total	<u>\$418,251 45</u>

Balances.

neral fund	\$2,560 60
manufacturing account	62 00
Total	<u>\$2,622 60</u>

J. B. THOMAS,

Treasurer.

REPORT OF THE STEWARD

the Medical Superintendent:

The following report of the farm and garden products, stock on hand, articles manufactured, and the classification and summary expenditures for maintenance, for the year ending September 1897, is respectfully submitted:

FARM PRODUCTS.

ples, barrels, estimated.....	300
ckwheat, bushels	200
ef, dressed, pounds.....	10,566
rn, ears, bushels, estimated.....	2,500
rnstalks, tons, estimated.....	50
rn fodder, tons, estimated.....	150
ckens, dressed, pounds.....	1,848
gs, dozens	1,537
se, pounds	10
pes, pounds	4,072
y, tons	280

Willard State Hospital—Annual Report

Hides, pounds	1,96
Mangel-wurzel, bushels, estimated	10,00
Milk, gallons	108,34
Oats, bushels, estimated	3,60
Straw, tons, estimated	12
Potatoes, bushels, estimated	7,00
Pears, bushels	4
Plums, bushels	2
Peaches, bushels	6
Pork, pounds	38,93
Turkeys, dressed, pounds	28
Veal, pounds	11
Wheat, bushels, estimated	3,00

GARDEN PRODUCTS.

Beets, bushels, estimated	2,36
Beans, string, bushels	21
Beans, Lima, bushels, estimated	3
Cabbage, heads	23,68
Celery, heads	8,00
Carrots, bushels, estimated	30
Corn, sweet, bushels	1,18
Cucumbers, bushels	11
Eggplant, bushels	0
Lettuce, bushels	1,17
Majoram, bunches	8
Onions, bushels	54
Onions, bunches	7,73
Peas, bushels	13
Parsnips, bushels, estimated	30
Peppers, bushels, estimated	2
Potatoes, bushels	28
Radishes, bunches	3,90
Rhubarb, bunches	12,88
Rutabagas, bushels, estimated	1,20

STATE COMMISSION IN LUNACY

737

Willard State Hospital—Annual Report

ify, bushels, estimated.....	30
ss chard, bushels	1,110
ach, bushels	370
ash, hubbard, bushels, estimated	40
ry, bunches	275
atoes, bushels, estimated	1,933
ips, bushels, estimated	391
ne, bunches	200
mwood, bunches	90

FARM STOCK.

ses, good	31
ses, old	5
es	2
s	137
s	3
ers, one-year old	18
ers, two-year old	16
es	22
s	4
s	126
, for breeding	50
es	121
.....	100
e	40
s	45
eyes	75
s	468

ARTICLES MADE IN MATRON'S DEPARTMENT.

ns, men's	684
ns, patients	4,243
oral skirts	49

Willard State Hospital—Annual Report

Bed protectors	3
Bed sacks	2
Bureau covers	14
Blankets, hemmed	28
Bedspreads, hemmed	8
Blankets, quilted	7
Caps for men	10
Caps for attendants	82
Curtains	1,28
Chemises	2,48
Dresses	4,54
Dresses, quilted	6
Drawers, pairs	2,00
Hats, trimmed	32
Hash covers	
Mattress ticks	32
Napkins, hemmed	18
Night gowns	28
Pillow cases	4,66
Pillow ticks	4
Ruffles, hemmed	1,11
Shirt-waists	2
Shrouds	15
Shroud shirts	10
Sheets	4,16
Sheets, canvas, quilted	4
Shirts	4,60
Skirts	1,32
Stretchers	
Towels, hemmed	10,44
Table cloths	1,71
Table spreads, hemmed	2
Underwaists	
Wrappers	40

Willard State Hospital—Annual Report

GARMENTS MADE IN TAILORING DEPARTMENT.

coats.	1,741
vests.	1,590
trousers.	2,338
overcoats.	155
overalls.	443
undershirts.	174
trousers.	4
trousers.	4
suspenders.	14
straight suits	84

ARTICLES MADE IN SHOESHOP.

hair mattresses	80
hair mattresses, remade.	402
hair pillows, new.	25
hair pillows, remade.	554
chairs, upholstered	10
hair cushions, new.	9
cushions for boat, recovered.	2
ouches, upholstered	8
obes, lined	16
clothes bags	42
ouble team reins, pairs.	3
ame straps	28
arness straps	57
orse halters, pairs	2
artingales, pairs	2
arriage trimmed	1
urrey trimmed	1
ennsylvania wagons, covered.	3
traps for electric engines.	5
shoes, men's working, pairs.	127
shoes, women's, pairs	1

And all repair of harness, boots, shoes and slippers.

Willard State Hospital—Annual Report

MAINTENANCE—PER CAPITA COST PER WEEK.

	Total cost.	Per capita.
Officers' salaries	\$20,656 25	\$0.1759
Wages	136,441 72	1.1620
Provisions and stores	115,699 92	.9853
Ordinary repairs	5,499 70	.0468
Farm and grounds	6,649 60	.0566
Clothing.	24,236 54	.2064
Furniture and bedding	11,326 87	.0964
Books and stationery	2,421 45	.0206
Fuel and lights	26,902 68	.2206
Medical supplies	2,763 12	.0235
Miscellaneous expenses	8,158 34	.0694
Transportation of patients	3,746 87	.0319
Total	<u>\$364,503 06</u>	<u>\$3.0954</u>

Willard State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

**ing Movement of Population for the Year Ending September 30,
1897.**

	Men.	Women.	Total.
Remaining October 1, 1896	1,094	1,154	2,248
Admitted during year ending September 30, 1897:			
From original commitments:			
From residences	140	122	262
By transfers from county houses	17	8	25
By transfers from other institutions for insane	15	31	46
Total number under treatment during year.	1,266	1,315	2,581
By average population	1,106	1,152	2,258
Capacity of institution	1,104	1,166	2,270
Discharged during the year:			
As recovered	39	24	63
As improved	35	32	67
As unimproved	13	15	28
As not insane	2	.....	2
Died	71	91	162
Whole number discharged during the year .	160	162	322
Remaining October 1, 1897	1,106	1,153	2,259

Willard State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening	1869
Total acreage of grounds and buildings	1,107
Value of real estate, including buildings	\$1,466,205 34
Value of personal property	224,808 56
Acreage under cultivation	750
Receipts during year:	
Balance on hand September 30, 1896	\$3,928 59
From State Treasurer for maintenance on estimates 1 to 12 inclusive	342,888 89
From private patients	1,293 45
From reimbursing patients	16,346 21
From all other sources	2,606 52
Total receipts for maintenance	<u>\$367,063 66</u>
Total receipts for employment clergymen	\$1,000 00
Total receipts from State Commission in Lunacy for extraordinary improvements	50,080 79
Total receipts, manufacturing accounts	<u>97 00</u>
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries	\$20,656 25
Estimate No. 2. For wages	136,441 72
Estimate No. 3. For provisions and stores	115,699 92
Estimate No. 4. For ordinary repairs	5,499 70
Estimate No. 5. For farm and grounds	6,649 60
Estimate No. 6. For clothing	24,236 54
Estimate No. 7. For furniture and bedding	11,326 87
Estimate No. 8. For books and stationery	2,421 45
Estimate No. 9. For fuel and light	26,902 68
Estimate No. 10. For medical supplies	2,763 12
Estimate No. 11. For miscellaneous expenses	8,158 34
Estimate No. 12. For transportation,	3,746 87
Total disbursements, estimates 1 to 12 inclusive	<u>\$364,503 06</u>

Willard State Hospital—Annual Report

Table No. 2—(Continued).

al disbursements, employment clergy.....	\$1,000 00
al disbursements during year for extraordinary improvements under apportionments by State ommission in Lunacy.....	50,090 79
al disbursements, manufacturing department...	35 00

Balances October 1, 1897:

eral maintenance fund	\$2,560 60
ortionment by State Commission in Lunacy for extraordinary improvements.....	
ufacturing account.....	62 00
daily per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.1043

Maximum rate of wages paid attendants:

.....	\$33 00
men	28 00

Minimum rate of wages paid attendants:

.....	20 00
men	14 00

portion of day attendants to average daily population.....	1 to 11.06
---	------------

portion of night attendants to average daily population	1 to 72.83
--	------------

centage of daily patient population engaged in the kind of useful occupation.....	46.70
--	-------

estimated value of farm and garden products during year	\$41,192 75
--	-------------

estimated value of articles made or manufactured by patients during year.....	25,152 37
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Willard State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	22	29	51	13	5	18	7
Mental strain, worry and overwork (not included in above)..	8	12	20	4	2	6	....
Religious excitement .	7	1	8	2	1	3	1
Love affairs (including seduction).....	1	3	4	1	2	3	1
Fright and nervous shock.....	....	1	1	....	....	....	....
Physical:							
Intemperance.....	30	5	35	5	3	8	6
Sexual excess	4	....	4	....	....	....	1
Veneral diseases	7	1	8	2	....	2	1
Masturbation.....	9	1	10	3	....	3	....
Sunstroke.....	5	2	7	2	1	3	....
Accident or injury ...	8	....	8	5	....	5	1
Parturition and puerperium . . . . .	....	7	7	....	1	1	....
Lactation . . . . .	....	1	1	....	1	1	....
Change of life . . . .	....	12	12	....	3	3	....
Privation and overwork . . . . .	....	1	1	....	....	....	....
Epilepsy.....	6	5	11	....	1	1	5
Diseases of skull and brain	6	....	6	3	....	3	1
Old age.....	13	6	19	....	1	1	4
Epidemic Influenza ..	1	6	7	1	2	3	....
Abuse of drugs.....	2	3	5	1	....	1	....
All other bodily disorders and ill health	12	19	31	4	8	12	2
Heredity.....	18	23	41	18	23	41	....
Congenital defect	3	3	6	....	2	2	2
Unascertained.....	7	20	27	....	1	1	10
Not insane	3	....	3	....	....	....	....
Total.....	172	161	333	64	57	121	42

Willard State Hospital—Annual Report

TABLE No. 4.

ving Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
ia, acute*	63	29	10	426	169	48
ia, recurrent.	4	.....	.....	58	20	10
ia, chronic.	41	.....	20	420	22	211
anicholia, acute†	88	30	18	575	180	128
anicholia, chronic.	34	4	11	351	23	80
ernating (circular) insanity	.....	.....	.....	2	.....	.....
eral paralysis.	7	.....	9	94	.....	84
ementia, primary.	.....	.....	.....	2	.....	.....
ementia, terminal.	82	.....	83	1,291	.....	708
epsy with insanity.	12	.....	11	160	.....	131
ecility with maniacal at- tacks	4	.....	.....	83	.....	13
cy	.....	.....	.....	36	.....	15
insane‡	3	.....	.....	10	.....	.....
Total	333	68	162	3,508	414	1,428

Includes 169 cases previously reported as "sub-acute mania." † Includes 140 cases pre-
viously reported as "sub acute melancholia." ‡ Includes cases of alcoholism, drug habit, etc.

Willard State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	19	11	30	28	13	41	47	24	71
	.....	1	1	3	1	4	3	2	5
	.....	.....	.....	.....	2	2	.....	2	2
Mania in acute forms	10	12	22	21	15	36	31	27	58
	5	1	6	1	1	2	6	2	8
	.....	.....	.....	.....	1	1	.....	1	1
All other curable forms	4	2	6	1	.....	1	5	2	7

	.....	.....	.....	1	.....	1	1	.....	1

Willard State Hospital—Annual Report

CURABLE CONDITIONS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		AVERAGE LENGTH OF IMMUNITY.			
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	First ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Third ad-mission.	1	1	...	...	...	1	...	...	...	...	...	...	...	8	1	9
Mania in acute forms.	First ad-mission.	...	...	1	...	...	...	...	...	...	...	...	1	...	6	3	9
	Second ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Third ad-mission.	...	...	...	...	...	...	...	...	...	...	...	1	...	6	...	...
All other curable forms.	First ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Third ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2

Willard State Hospital—Annual Report

Table No. 5—(Continued).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	16	9	25	...	9	1	2	1	1	2	4	...	4	26	14	40
Second admission.	2	1	3	2	8	1	5	...	...	...	1	...	1	1	1	2
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
Mania in acute forms.	11	13	24	...	5	...	6	2	2	4	6	1	7	12	11	23
Second admission.	4	1	5	1	1	...	9	...	...	...	...	...	...	2	1	3
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
All other curable forms.	5	...	5	...	10	...	...	...	...	...	...	...	...	...	2	2
Second admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Willard State Hospital—Annual Report

Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	14	9	23	.....	.....	.....	73	60	133	2	.....	2
One to three months.....	11	6	17	.....	5	12	43	57	100	35	13	48
Three to six months.....	8	5	13	12	7	19	32	33	65	65	49	114
Six to nine months.....	1	2	3	8	3	11	12	11	23	37	39	76
Nine months to one year.....	.....	1	1	3	5	8	6	10	16	25	33	58
One year to eighteen months.	1	.....	1	4	2	6	9	4	13	29	31	60
Eighteen months to two years.	1	1	2	3	.....	3	9	6	15	5	10	15
Two to three years.....	1	.....	1	2	1	3	7	8	15	8	18	26
Three to four years.....	1	.....	1	.....	1	1	3	2	5	2	6	8
Four to five years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	1	4
Five to ten years.....	.....	.....	.....	.....	.....	.....	4	5	9	1	1	2
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	1	2	3	.....	1	1
Unascertained.....	1	.....	1	.....	.....	.....	13	4	17	.....	.....	.....
Total.....	39	24	63	39	24	63	212	202	414	212	202	414

Willard State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess of brain					1	1
Acute hepatitis					1	1
Acute nephritis		1	1	4	3	7
Acute pharyngitis.....					1	1
Acute tuberculosis					2	2
Aneurism, Aortic	1		1	1		1
Asphyxia				1		1
Asphyxia from suspension (suicidal)...				1		1
Asphyxia from lodgment of food in pharynx	1		1	4		4
Asthenia following fracture of femur .					1	1
Bronchitis, acute				2		2
Bronchitis, chronic.....				2		2
Bronchitis.....				1	1	2
Bulbar paralysis		1	1		2	2
Cancer of duodenum.....	1		1	1		1
Cancer.....				5	14	19
Cancer of liver.....					1	1
Cancer of stomach.....					1	1
Cancer of testicle				1		1
Cancer of uterus					1	1
Cerebral apoplexy.....	4	11	15	33	73	106
Chorea and septicaemia	1		1	1		1
Chronic nephritis	8	7	15	35	23	58
Cirrhosis of liver				1		1
Cystic degeneration of kidneys.....				1		1
Concussion of brain				1		1
Debility of old age		3	3	26	43	69
Debility of old age and fracture of femur.					2	2
Diabetes mellitus				1	1	2
Diarrhœa				7	20	27
Dilation of heart.....				1	2	3
Disseminated cerebro-spinal sclerosis...				1		1
Drowning (suicidal)		1	1		1	1
Dysentery.....				8	7	15
Epilepsy.....	3	3	6	41	35	76
Empyema		1	1	1	1	2
Endocarditis	3	1	4	7	1	8.

Willard State Hospital—Annual Report

Table No. 7—(Continued).

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
peritis	1	2	3	18	20	38
thelioma of bladder				2	...	2
sipelas				4	7	11
haustion from acute mania				6	8	14
haustion from acute melancholia				21	6	27
haustion from chronic mental disease	2	2	4	37	55	92
haustion from hemiplegia				1	...	1
ty degeneration of heart		1	1	...	3	3
ty degeneration of liver					1	1
cture of ribs and lumbar vertebra				1	...	1
grene of leg				1	...	1
tritis	1	...	1	2	1	3
eral paresis	7	4	11	70	19	89
norrhage from stomach and shock					1	1
and in neck (suicidal)				1	1	2
joint disease				1	...	1
uenza		1	1	1	5	6
estinal obstruction				6	3	9
estinal ulceration				1	...	1
omotor ataxia				4	...	4
ingitis		2	2	4	4	8
ema of lungs					1	1
carditis	1	1	2	2	1	3
tonitis		2	2	6	4	10
hisis pulmonalis	10	18	28	118	189	307
ryngeal abscess				2	...	2
umonia	17	21	38	105	90	195
irisy				1	1	2
as abscess					1	1
monary abscess				1	2	3
monary gangrene				1	...	1
monary hemorrhage					1	1
litis				1	...	1
nephrosis	1	...	1	2	1	3
cture of aorta					1	1
cture of internal carotid artery, due to carcinoma of neck					1	1
cture of heart					1	1
ile gangrene				1	...	1
ticæmia	2	...	2	6	2	8

Willard State Hospital—Annual Report

Table No. 7 —(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Strangulated hernia	1	....	1	1	1	2
Suppurative endocarditis.....	....	....	....	....	1	1
Suppurative hepatitis.....	....	....	....	1	....	1
Tubercular peritonitis.....	....	....	....	....	2	2
Tuberculosis of kidneys.....	....	....	....	1	....	1
Typhoid fever.....	....	....	....	2	4	6
Ulcer of stomach.....	....	1	1	....	1	1
Valvular disease of heart	6	7	13	67	64	131
Total	71	91	162	687	741	1428

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	15	9	24	110	137	247
Maternal branch.....	25	30	55	164	193	357
Paternal and maternal branches.....	2	2	4	18	32	50
Collateral branches.....	22	16	38	179	189	368
No hereditary tendency..	69	15	84	587	457	1,044
Unascertained	39	89	128	673	769	1,442
Total	172	161	333	1,731	1,777	3,508

Willard State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single.....	81	49	130	869	655	1,524
Married	71	72	143	663	760	1,423
Widowed	19	37	56	154	322	476
Divorced	1	2	3	13	11	24
Unascertained .....	.....	1	1	32	29	61
Total	172	161	333	1,731	1,777	3,508

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	2	1	3	22	10	32
Academic	14	5	19	110	95	205
Common school	118	81	199	1,049	996	2,045
Read and write	2	2	4	72	19	91
Read only	14	11	25	82	110	192
No education	6	10	16	127	119	246
Unascertained	16	51	67	269	428	697
Total	172	161	333	1,731	1,777	3,508

Willard State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died During the Current Year and Since October 1, 1898.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1898.		
	DURATION PREVIOUS TO ADMISSION.			DURATION PREVIOUS TO ADMISSION.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	6	9	15	6	8	14
One to three months	4	5	9	9	4	13
Three to six months	4	2	6	4	5	9
Six to nine months	4	5	9	5	6	11
Nine months to one year	2	....	2	3	4	7
One year to eighteen months ..	4	5	9	7	12	19
Eighteen months to two years ..	1	2	3	1	4	5
Two to three years	12	6	18	6	8	14
Three to four years	3	9	12	9	5	14
Four to six years	3	8	11	4	7	11
Six to ten years	5	8	13	4	6	10
Ten to twenty years	8	14	22	9	12	21
Twenty years and over	6	1	7	4	10	14
Not insane* .....	....	....	....	....	....	....
Unascertained	9	17	26	....	....	....
Total	71	91	162	71	91	162
Average duration of insane life (give years and tenths)	10.1		6.1	8.1		11.5
	687		741	687		741
	1,428		1,428	1,428		1,428
	10.5		11.6	10.5		11.6
	687		741	687		741
	1,428		1,428	1,428		1,428
	10.5		11.6	10.5		11.6
	687		741	687		741
	1,428		1,428	1,428		1,428
	10.5		11.6	10.5		11.6

* Includes cases of alcoholism, drug habit, etc.

Willard State Hospital—Annual Report

TABLE No. 12.

Living Ages of Those Admitted During the Current Year and Since
October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888		
	Men.	Women.	Total.	Men.	Women.	Total.
Under 10 to 15 years.....	2	1	3	7	3	10
Under 15 to 20 years.....	8	3	11	56	31	87
Under 20 to 25 years.....	12	5	17	135	86	221
Under 25 to 30 years.....	18	11	29	155	135	290
Under 30 to 35 years.....	11	18	29	162	170	332
Under 35 to 40 years.....	10	14	24	190	182	372
Under 40 to 50 years.....	29	48	77	341	439	780
Under 50 to 60 years.....	33	24	57	303	335	638
Under 60 to 70 years.....	24	19	43	203	220	423
Under 70 to 80 years.....	19	15	34	142	144	286
Under 80 to 90 years.....	6	3	9	36	32	68
Under 90 to 95 years.....	.....	.....	.....	1	.....	1
Total	172	161	333	1,731	1,777	3,508

TABLE No. 13.

Living Ages of Those Discharged Recovered During the Current
Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under 10 to 20 years.....	7	3	10	12	9	21
Under 20 to 30 years.....	6	9	15	62	56	118
Under 30 to 40 years.....	6	3	9	46	62	108
Under 40 to 50 years.....	9	6	15	43	42	85
Under 50 to 60 years.....	8	2	10	35	24	59
Under 60 to 70 years.....	3	1	4	12	6	18
Under 70 to 80 years and over .....	.....	.....	.....	2	3	5
Total	39	24	63	212	202	414

Willard State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 15 to 20 years				4	1	
From 20 to 25 years		1	1	16	13	29
From 25 to 30 years	4	3	7	31	21	52
From 30 to 35 years	4	7	11	36	37	73
From 35 to 40 years	6	7	13	64	41	105
From 40 to 50 years	15	17	32	114	143	257
From 50 to 60 years	14	11	25	144	167	311
From 60 to 70 years	11	19	30	121	146	267
From 70 to 80 years	14	22	36	118	134	252
From 80 to 90 years	3	4	7	38	35	73
From 90 to 95 years				1	3	4
Total	71	91	162	687	741	1,428

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	37	22	59
One to three months	20	13	33
Three to six months	22	15	37
Six to nine months	8	9	17
Nine months to one year	7	2	9
One year to eighteen months	9	15	24
Eighteen months to two years		1	1
Two to three years	13	10	23
Three to four years	6	6	12
Four to five years	4	6	10
Five to ten years	12	17	29
Ten to fifteen years	7	8	15
Fifteen to twenty years	2	8	10
Twenty to thirty years	3	4	7
Thirty years and upwards	4	5	9
Not insane*	2		2
Unascertained	16	20	36
Total	172	161	333

* Includes cases of alcoholism, morphia habit, etc.

Willard State Hospital—Annual Report

TABLE No. 16.

Length of Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	10	30	40
One to three months.....	28	14	42
Three to six months.....	26	30	56
Six to nine months.....	30	25	55
Nine months to one year.....	24	23	47
One year to eighteen months.....	104	109	213
Eighteen months to two years.....	57	110	167
Two to three years.....	53	99	152
Three to four years.....	167	92	259
Four to five years.....	63	51	114
Five to ten years.....	232	209	441
Ten to fifteen years.....	84	93	177
Fifteen to twenty years.....	110	117	227
Twenty to thirty years.....	118	151	269
Insane*.....	.....	.....	.....
Total	1,106	1,153	2,259

TABLE No. 17.

Length of the Occupation of Those Admitted During the Current Year and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional: Army, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.....	8	.....	8	37	5	42
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.....	17	.....	17	142	4	146

* Includes cases of alcoholism, morphia habit, etc.

Willard State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pas- toral:						
Farmers, gardeners, herds- men, etc.	56	.....	56	510	2	512
Mechanics, at out- door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	19	.....	19	279	.....	279
Mechanics, etc., at se- dentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	12	.....	12	98	.....	98
Domestic service:						
Waiters, cooks, servants, etc. ....	.....	15	15	18	1,024	1,042
Educational and high- er domestic duties:						
Governesses, teachers, stu- dents, housekeepers, nurses, etc.	6	118	124	35	502	537
Commercial:						
Shopkeepers, saleswomen, stenographers, typewrit- ers, etc. ....	.....	1	1	.....	4	4
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc. ....	.....	5	5	10	81	91
Miners, seamen, etc.	1	.....	1	19	.....	19
Prostitutes .....	.....	.....	.....	.....	1	1
Laborers	50	.....	50	459	.....	459
No occupation	2	22	24	96	110	206
Unascertained	1	.....	1	28	44	72
Total	172	161	333	1,731	1,777	3,508

Willard State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Connecticut	3	.....	3	9	7	16
Florida .....	.....	1	1	.....	1	1
Georgia .....	.....	.....	.....	.....	1	1
Illinois	1	.....	1	4	2	6
Indiana .....	.....	.....	.....	1	4	5
Iowa .....	.....	.....	.....	1	.....	1
Kansas .....	.....	.....	.....	.....	2	2
Kentucky .....	.....	.....	.....	.....	3	3
Maine .....	.....	.....	.....	1	2	3
Maryland	1	.....	1	5	1	6
Massachusetts	1	1	2	15	7	22
Michigan	1	.....	1	8	3	11
Minnesota .....	.....	1	1	.....	2	2
Mississippi .....	.....	.....	.....	1	.....	1
Missouri .....	.....	.....	.....	1	1	2
New Hampshire .....	.....	.....	.....	3	2	5
New Jersey .....	.....	.....	.....	9	6	15
New York	111	93	204	1,040	956	1,996
North Carolina	1	1	2	2	2	4
Ohio .....	.....	.....	.....	4	1	5
Pennsylvania	3	4	7	48	31	79
Rhode Island .....	.....	.....	.....	1	.....	1
South Carolina .....	.....	.....	.....	.....	1	1
Texas .....	.....	.....	.....	1	.....	1
Mont .....	.....	.....	.....	7	6	13
Virginia .....	.....	.....	.....	1	3	4
Wisconsin	1	.....	1	2	5	7
Minnesota .....	.....	.....	.....	1	.....	1
Austria .....	.....	.....	.....	3	2	5
Prussia .....	.....	.....	.....	1	.....	1
Canada	4	5	9	24	31	55
Denmark .....	.....	.....	.....	1	3	4
Ireland	6	8	14	52	50	102
France	1	.....	1	11	3	14
Germany	10	1	11	119	138	257
Sweden .....	.....	.....	.....	.....	1	1
Switzerland .....	.....	.....	.....	3	4	7
Hungary .....	.....	.....	.....	1	2	3
Poland	17	20	37	186	352	538
Italy	1	3	4	8	6	14

Willard State Hospital—Annual Report

Table No. 18 —(Concluded).

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Norway	1	.....	1	1	.....	1
Poland .....	.....	.....	.....	6	11	17
Russia	1	1	2	1	1	2
Scotland	1	1	2	7	10	17
Sicily .....	.....	.....	.....	1	.....	1
Sweden .....	.....	1	1	5	5	10
Switzerland .....	.....	.....	.....	7	.....	7
Wales .....	.....	.....	.....	1	.....	1
Unascertained (includes 3 men and 8 women known to be natives of the United States)	7	20	27	129	108	237
Total	172	161	333	1,731	1,777	3,508

Of the total number admitted since the 1st of October, 1890, the parents of 37 per cent. were both of foreign birth.

In two per cent. the parentage on the paternal side was foreign while that on the maternal side was native.

In five per cent. the parentage on the maternal side was foreign while that on the paternal side was native.

The records in this hospital prior to 1890 do not show the statistics required.

Willard State Hospital—Annual Report

TABLE No. 19.

Showing the residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
any	2	.....	2
egany	17	.....	17
ome .....	.....	.....	.....
taraugus .....	.....	.....	.....
ruga	31	2	33
autauqua .....	.....	.....	.....
emung .....	.....	.....	.....
nango .....	.....	.....	.....
nton .....	.....	.....	.....
umbia	2	.....	2
tland .....	.....	.....	.....
aware .....	.....	.....	.....
chess .....	.....	.....	.....
e	1	.....	1
ex .....	.....	.....	.....
nklin .....	.....	.....	.....
ton	1	.....	1
essee	28	.....	28
ene .....	.....	.....	.....
nilton .....	.....	.....	.....
kimber .....	.....	.....	.....
erson .....	.....	.....	.....
gs .....	.....	.....	.....
vis .....	.....	.....	.....
ngston .....	.....	.....	.....
lison .....	.....	.....	.....
nroe	17	.....	17
ntgomery .....	.....	.....	.....
y York	2	.....	2
yara	1	.....	1
ida .....	.....	.....	.....
ndaga .....	.....	.....	.....
ario	39	.....	39
nge .....	.....	.....	.....
cans	10	.....	10
rego .....	.....	.....	.....
ego .....	.....	.....	.....
nam .....	.....	.....	.....
ens	1	.....	1
sselaer	6	.....	6
amond	1	.....	1
kland .....	.....	.....	.....
Lawrence .....	.....	.....	.....

Willard State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
Saratoga			
Schenectady			
Schoharie			
Schuyler	9		
Seneca	17	1	18
Steuben	70		70
Suffolk	3		3
Sullivan			
Tioga			
Tompkins	22		22
Ulster			
Warren			
Washington			
Wayne	23		23
Westchester	2		2
Wyoming	2		2
Yates	15		15
Soldiers' Home	8		8
Total	330	3	333

Willard State Hospital—Annual Report

TABLE No. 20.

ing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
ny	73	123	196			
any	34	38	72			
me						
raugus	15	2	17			
ga	98	70	168			
taquua	16	4	20			
ung	41	38	79			
ango						
on		3	3			
mbia	1	12	13			
and						
ware						
ness		2	2			
	87	11	98			
k.	5	5	10			
klin	12	7	19			
n	12	10	22			
see	36	33	69			
ne	3	1	4			
lton	2		2			
imer	6	10	16			
son	1		1			
s.						
s.	5	2	7			
gston	21	24	45			
son	3	3	6			
oe	21	25	46		1	1
gomery	11	11	22			
York		2	2			
ara	34	9	43			
la	1	5	6			
daga	28	38	66	1		1
rio	81	74	155		1	1
ge	9	3	12			
ns	21	20	41			
go	2	6	8			
o						
am	1	3	4			
ns	16	27	43			
elsaer	15	86	101			
mond		14	14			

Willard State Hospital—Annual Report

Table No. 20 —(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland	1	2	3	.....	.....	.....
St. Lawrence .....	.....	.....	.....	.....	.....	.....
Saratoga	12	13	25	.....	.....	.....
Schenectady	9	15	24	.....	.....	.....
Schoharie	1	.....	1	.....	.....	.....
Schuyler	31	24	55	.....	.....	.....
Seneca	47	48	95	.....	1	.....
Steuben	91	88	179	.....	.....	.....
Suffolk	7	6	13	.....	.....	.....
Sullivan	1	.....	1	.....	.....	.....
Tioga .....	.....	.....	.....	.....	.....	.....
Tompkins	38	43	81	1	.....	.....
Ulster	1	24	25	.....	.....	.....
Warren	1	4	5	.....	.....	.....
Washington .....	.....	15	15	.....	.....	.....
Wayne	48	37	85	.....	.....	.....
Westchester	15	61	76	.....	.....	.....
Wyoming	16	13	29	.....	.....	.....
Yates	27	33	60	.....	.....	.....
Soldiers and Sailors' Home	23	.....	23	.....	.....	.....
State paupers	24	3	27	.....	.....	.....
Total	1,104	1,150	2,254	2	3	.....

APPENDIX

REPORT ON DIPHTHERIA OUTBREAK AT WILLARD
STATE HOSPITAL

ALBANY, August 12, 1897.

to the State Board of Health:

The continued prevalence of diphtheria in the Willard State Hospital was called to the attention of the State Board of Health by the Medical Superintendent, Dr. W. A. Macy, early in August, with a request that an investigation be made, and in response I went there for this purpose, August 11th. The following is a report of the cases, in the order of their occurrence, given me by Dr. Macy:

CASES OF DIPHTHERIA.

November, 1896.—Grandson of locomotive fireman employed on grounds; home in Baileytown, adjoining grounds; had spent time at Watkins two days before sickness began; no known exposure; attended by Dr. Denniston, of Ovid; had pharyngeal symptoms; was sick a few days only; was quarantined with all family for three weeks by order of the health board; disinfection, etc., afterwards; recovery. It is known to the hospital physicians that the quarantine was not strictly observed in this case. Child was seen out in seven or eight days after report of illness.

February 5, 1897.—Superintendent's child, age 2 years and 7 months; lived in cottage on grounds; no known exposure; tonsils and larynx involved; no culture made; antitoxin used late; sanitary conditions, fair; one open sewer was found in basement; 8th February.

February 11, 1897.—Nurse, age 28; kissed case 2 on 4th of February, and nursed her through illness; pharynx involved; *B. bacillus* found; antitoxin; recovery.

Willard State Hospital—Annual Report

4. February 28th.—Patient, age 30; lived on third floor, north wing, main building; worked about grounds and had been in superintendent's house; was accustomed to put straws and small objects into his mouth; had croupous stomatitis for several days, then pharyngeal and laryngeal involvement; K. L. bacillus found; antitoxin used; erythematous eruption after taking phenacetin. Sanitary conditions: Crowded ward, damp, drafty, from which air entered ward by heating flues; defective plumbing; recovery.

5. March 24th.—Patient, age 16; lived on ground floor, north wing, main building; worked about grounds picking up paper, etc.; no known exposure; pharyngeal involvement; extensive membraneous exudation; K. L. bacillus present; antitoxin used; erythematous eruption after phenacetin; recovery. Sanitary conditions: Same as in case 4.

6. April 6th.—Nurse, age 25; worked on ground floor, north wing, main building; remained with case 5 during night of March 24th; no other exposure known; pharyngeal exudation distinctly membraneous; K. L. bacillus present; antitoxin used; sanitary conditions as in 4 and 5; recovery; had erythematous eruption after taking acetanilid and quinine.

7. July 6th.—Dining-room attendant in detached building No. 3; age, 25; had returned from two weeks' vacation on 4th of July; no exposure known, though sore throats, said by physicians (in consultation with the superintendent) of the neighborhood not to be diphtheria; diphtheria prevailed where she had been visiting; membraneous exudation in pharynx; K. L. bacillus found; antitoxin used; sanitary conditions good; recovery.

8. July 14th.—Patient, age 53; in detached building No. 3; membraneous exudation in pharynx; bacteriological report showed K. L. bacilli; antitoxin used. Had been transferred from north wing of main building July 7th. Worked about grounds. Sanitary conditions: Main building as in case 4; detached building 3, good; recovery.

Willard State Hospital—Annual Report

The rapid development and disappearance of the eruption in the cases in which this was present, its location and "block" distribution, with the mode of invasion and after history of the disease, led to the conclusion that it was a drug eruption.

All the above cases were quarantined and were not released until bacilli were no longer found in their throats.

Cases in which there was no membrane exudation, but bacteriological examination showed the *K. L. bacillus*:

1. April 12th.—Attendant, second floor, north wing, main building; age 35; no known exposure; follicular tonsillitis; no membrane seen; *K. L. bacillus* found; recovery.

2. May 23d.—Patient in detached building No. 3; age 25; worked about grounds; no exposure known; ulcerative tonsillitis; no membrane; *K. L. bacillus* found; recovery.

3. April 14th.—Patient, age 53; in detached building No. 2; follicular tonsillitis; no membrane; *K. L. bacillus* found; no known exposure; had not been out of building for several weeks. Sanitary conditions: Plumbing defective in design, but not broken; basement damp; recovery.

4. May 11th.—Patient, age 40; in same building as last, but in other wing; worked in tailorshop; acute tonsillitis; no membrane; *K. L. bacillus* found in abundance.

There were a large number of other cases in which the clinical appearances were similar to those of the above, but no bacteriological examinations were made, or else if made showed no *K. bacilli*.

CASES OF SCARLATINA.

1. May 2d.—Patient, age 23; north wing, main building; admitted to hospital April 23d, from Newark; no known exposure; typical case; recovery.

2. May 16th.—Patient, age 23; north wing of main building; admitted to hospital May 5th, from Lyons; there was a history of suspicious cases in his neighborhood; there was no contact with case 1; typical case; recovery.

Willard State Hospital—Annual Report

3. June 7th.—Attendant, age 24; north wing of main building on hall in which case 1 was taken sick; no other exposure known; typical case; recovery.

The Willard State Hospital is one of the largest of this class of institutions, having a population of more than 2,700 patients and employes. It is located on the eastern border of Seneca Lake, a body of water four miles wide at this point and thirty-five miles in length. The shores rise very abruptly from the lake, and there is a continuous gradual upward slope back to the corresponding declivity to Cayuga lake, having at the center an elevation of 600 feet above Seneca lake. Slate rock outcrops and the alluvial shale, which allows of good drainage, has much clay and hard pan, with the gravel, at some points, not far beneath the surface. The region is said to have a moderate rainfall and low humidity.

The hospital occupies a large territory used for farming chiefly and consists of a main building and four others known as detached buildings, all two-story brick structures, beside other executive buildings. The main building, with a central portion for administration, and extended north and south wings, providing for 900 inmates, and was erected thirty years ago, the other buildings being of more recent construction.

There are two sources of water supply; one by gravity, taken from a small stream and collected in three small, rudely constructed reservoirs; the other from Seneca Lake, by means of pumping, the intake pipe extending some distance into the lake at a point slightly to the north of the hospital buildings. At the present time the latter alone is used, the gravity supply being under suspicion, because of a frequently occurring ill odor and constant turbidity.

The sewage from the hospital empties into the lake without treatment to the south of the intake, most of it being collected in a long main sewer, but several smaller ones empty directly into the lake.

The sanitary history of the institution is a good one. Infectious diseases have been infrequent, and, so far as could

Willard State Hospital—Annual Report

turned, there has been heretofore, for years at least, no prevalence of them which might be called epidemic.

The present outbreak was no doubt an imported one. Cases of diphtheria are known to have occurred in the surrounding country and the hospital receives its accessions from these constantly. No direct history of the source was obtained.

Dr. Macy reports cases of actual membranous diphtheria, showing the presence of the Klebs-Loeffler bacillus, and also cases of sore throat without membrane, in which the bacillus was looked for and discovered. There were also a large number of cases similar to the latter class, cases of sore throat without exudate, which were not tested bacteriologically, but which would doubt have shown the presence of the bacillus. The number of these is not recorded.

It is to be noted that the subjects were almost exclusively adults, and there were no deaths, except of the little child of Dr. Macy, early in the outbreak.

As to sequence of cases, they began in February, and, with intervals, were continuous through July. For three or four weeks prior to this time there have been no new cases.

As to distribution, they have developed chiefly in the north wing of the main building; but cases have occurred also in two of the detached buildings, and non-membranous sore throats were found to occur in all.

As to the management, a small separate building was set apart in which all cases were isolated; their surroundings were fumigated, and, so far as could be learned, this care against spread was intelligent and thorough, as would be anticipated in an institution so completely under medical supervision.

The germs of this epidemic were without question conveyed to the hospital from outside, for we know that diphtheria originates only from a pre-existing case, even though we may not trace the exact source and course by which it came. It is probable that there was more than one direct importation from an outside source among the cases occurring here since the commencement.

Willard State Hospital—Annual Report

In like manner it is beyond question that an epidemic is maintained in the same way. Commonly diphtheria continues to recur in a locality from imperfect isolation of the sick and inefficient measures for destruction of the disease germs. There are many avenues for the escape of these germs, and some of them fail of being stopped. But while this may occur in ordinary epidemics, as we so frequently find, it is not likely to in a hospital where physicians understanding well the conditions under which diphtheria propagates itself, have entire control.

The sanitary surroundings of an epidemic of diphtheria, especially when limited to an institution, have to be always considered—the sewage, soil drainage and water supply all have some bearing on a case of this sort.

We find the main building, and especially the north wing of it, the chief site of prevalence.

This building was erected thirty years ago, and much of the plumbing now in it is the same as first introduced, to which new plumbing has been occasionally added. At the present time a good deal of this drain pipe is worn out, especially as single thick pipe, which would not now be trusted to, was used, and it is consequently no longer safe to retain. The system is faulty from lack of modern requirements, such as back airing and the like, and the whole is complicated by additions made from time to time. The main soil pipes empty into earthen ware drain pipes buried beneath the ground, which would not be allowed at the present time. They empty outside into a tile sewer, which is a mile long, and has no vent except as it may secure it from the plumbing of the buildings wasting into it. The plumbing of this building has been inspected by Mr. Henri D. Dickinson, sanitary engineer, of New York, who by inspection and test found it faulty, and recommended its entire removal and the substitution of an entirely new system, as he believed it not susceptible of any partial renewal. I think that no other conclusion can be reached in regard to it, and while it would involve a considerable outlay of money, there is no way otherwise to make this building

Willard State Hospital—Annual Report

sanitary. It seems safe to say that the recent sickness has been in a measure due to the defects in the sewerage of the building.

At the same time, another unsanitary feature could be remedied, which always has a bearing on the prevalence of the disease under consideration; the soil-saturation of the site of the building. The ground of the cellars is damp, from some cause, under much of this north wing, less so of the south wing. There is a covering of concrete, not all of it perfect, and the soil could not be seen, but it is probable that it is in clay, which holds the moisture of the soil, with no provision for its escape. It should be drained, and it would be well if it were covered with a layer of asphalt.

The water supply of the hospital deserves a reference in this connection, although there is no reason to suppose from what we know of the spread of diphtheria that it is communicated in this way. At present the water used for drinking is being boiled before use.

The gravity supply which was the original one for the institution is, I believe, conceded to be unworthy of further use for potable purposes. It is probably communicated from surface drainage, it is badly stored in crude earth reservoirs, it is very turbid and of brown tan-bark color, and gives off an odor which is probably, however, due to algae growth and harmless. I should think this water had better not be used to drink unless purified by slow sand filtration.

The Seneca lake supply is perhaps also susceptible of improvement. The water of this large lake is beautifully clear, objects being visible through it to an unusual depth. This point is sixteen miles distant from Geneva and there is no other considerable place on the lake. There is, I believe, no regular current in the lake other than a surface one set up by the wind. It has a depth of 500 or 600 feet. Off the asylum the bottom shelves very gradually for several hundred feet, but 200 feet beyond the mouth of the intake pipe it suddenly drops precipitately to 500 feet. The pipe lies on the bottom which, at its mouth, is about twenty feet be

Willard State Hospital—Annual Report

neath the surface. The trend of the shore is such that the sewer outlets from the hospital buildings are within a few hundred feet of this intake. As I saw them the light scum rising at the points of discharge was being carried steadily to the south and away from the intake, following the direction of the wind. It would appear probable that an opposite wind would carry the surface scum toward the north.

Two remedies suggest themselves for the possible contamination of this water supply, which, I think, can hardly be rendered impure, except from the waste of the hospital itself.

By carrying the intake pipe to the deep water 200 feet further water could be taken from a depth which would be affected neither by surface matter nor by deposits on the bottom stirred up by a storm.

More radical would be discontinuing the discharge of raw sewage into the lake. This could be done by providing chemical treatment and precipitation works, to which all the sewage could be brought and only a purified effluent discharged into the lake. Many of the villages of this State having a smaller population than the 3,000 of this community are thus treating their sewage before it is admitted to running streams. No very large cost would be involved to rectify the existing sewers, adapting them to this purpose, and to construct works for this purpose.

It is probable that the present outbreak has substantially come to an end. But I would recommend these sanitary improvements which, indirectly at least, have a bearing upon it, and which would be for the future healthfulness of the institution.

Respectfully submitted,

(Signed) F. C. CURTIS.

Willard State Hospital—Annual Report

Opinion by Dr. B. T. Smelzer, Secretary, etc., of the State Board of Health, Concerning the Possible Contamination of the Water Supply of the Willard State Hospital.

(Copy).

DANIEL LEWIS, M. D., *President*.

BAXTER T. SMELZER, M. D., *Secretary*.

NEW YORK STATE BOARD OF HEALTH,

ALBANY, October 8, 1897. }

Dr. W. A. MACY, *Medical Superintendent, Willard State Hospital*:

Dear Sir.—In reply to your request for an official opinion from this office as to the possible contamination of the water supply of Willard State Hospital, I would say that in consideration of the conditions surrounding it as I know them and as reported upon by Dr. Curtis there is such a possibility. The main supply and probably the only future available source is from Seneca Lake, into which the sewage of the institution is discharged without treatment.

I do not think that the risk is very immediate or that under ordinary conditions the sewage is likely to reach your intake at present, since the points of discharge are somewhat remote and there is not a decided current in the body of water of the lake.

It has not been apparent that the water has shown sewage contamination from the history of sickness in the hospital, for it is improbable that the late prevalence of diphtheria is traceable to this source since it is not to be considered a water-borne disease, nor has it been extensive enough in distribution to warrant that conclusion. The common water-borne diseases, such as typhoid fever, diarrhoeal diseases and the like have not been prevalent.

It is however, certain that the institution is exposed to the development of such diseases by the body of water into which the sewage of so large a number of people is discharged being the source of potable supply, and to the lowering of vitality of the inmates by the use of water which is exposed to occasional

Willard State Hospital—Annual Report

admixture of contaminating matter. This is possible since the points of discharge are not very remote from the intake and since the current if there is any in the lake is towards the north that is from the existing outlet of the sewers towards the intake of the water.

Flocculent matter is seen to rise to the surface, marking the mouth of the sewers, and forming a stream for a considerable distance which may be seen upon the surface carried by the wind. As the water is not deep where the drains discharge there will cause to be an accumulation of heavier matter on the bottom which by violent winds may be stirred up and with a wind in the right direction may be carried to the intake. It would seem to me that while the danger is not immediate and imminent it is not remote that this contaminating material may reach the water supply, especially after the prolonged deposit of sewage into it and the expensive use of this source of supply and that steps should be taken in the not distant future to remedy what if it should occur, would be a manifest unsanitary condition and one that should not exist.

I would suggest that it would be well for those having custody of the institution to take steps to the rectification of this, by employing a sanitary engineer to devise a plan for the purification of the sewage and perhaps for extending the water intake pipe to the deep water of the lake. Aside from its own sewage there is no reason to believe that there is any risk of contamination of the water, which is otherwise superior in quality and quantity.

Very respectfully, your obedient servant,

(Signed) BAXTER T. SMELZER,

Secretary.

Willard State Hospital—Annual Report

Report of an Investigation of the Present Water Works System at the Willard State Hospital at Willard, N. Y., Together with Suggestions for a New System, by Prof. A. H. Eldredge, Cornell University, Ithaca, N. Y.

"The following report is intended to present briefly the condition of the present water-works system at the Willard State Hospital, Willard, N. Y., together with an outline of the proposed new system, with estimates for the same.

"LOCATION OF BUILDINGS.

"The main building of the Willard State Hospital is located on the shores of Seneca lake, while the majority of the buildings are situated along a central road running east from the lake, the distance from the lake to the farthest building being over one mile.

"NEEDS FOR A NEW SYSTEM.

"The present existing conditions for all buildings above the lake-water reservoir, as shown on the map, is such as to demand immediate attention. In case of fire they are absolutely without fire protection, save such as could be given by one or two cisterns and one steamer, as the upper reservoirs run dry during the summer months, while the water supply afforded by the upper reservoirs is at any time unfit for domestic purposes, as will be seen by the report.

"THE PRESENT WATER-WORKS SYSTEM.

"At present there are two distinct water-works systems which supply water for the buildings and grounds. The principal system consists of two Worthington pumps, situated on the shore of the lake, which force the lake water into a reservoir at an elevation of some 200 feet above the level of the lake. This water is used for all buildings between the reservoir level and that of the lake. The other buildings, including the Branch, Infirmary, D. B. 3 and the barns, are supplied from three small reservoirs located some 4,300 feet east of the Branch. The location of the

Willard State Hospital—Annual Report

buildings to be supplied by the new system can be seen in drawing No. 1.

"The reservoirs supplying these buildings open one into the other, and are neither bricked or cemented, but are merely holes in the ground. They are supplied by a small creek whose source is at Ovid, about three miles east of Willard. This stream, which might have supplied plenty of water twenty years ago, is of little use to-day. The writer followed the course of the creek from the reservoirs to its source. He found that the lower reservoir contained about seven feet of black, muddy water. The second reservoir had about twelve to fifteen inches of water in the center of a large mud hole lined with dead fish. The third reservoir was perfectly dry, the bottom being covered with dead fish.

"Leaving the reservoirs, the creek wound through the fields, mostly pasture land. The bed of the creek in most places was perfectly dry. In other places it passed through swampy land, where at no time would there be much current to the water, making germ breeding places for disease. The writer also found barnyards, pig-yards and outhouses draining directly into the creek.

"So far as could be learned there are no sources of water supply that could be used to augment this worse than useless supply.

"The head of water at the Branch, due the creek reservoirs, is not over ten to twelve pounds, and will not reach the eaves of the buildings, thus making the natural head utterly useless for fire purposes, while the amount of water in the reservoirs would supply the fire engine but a short time.

"At the present time the buildings above the lake reservoir are supplied with water from the lake reservoir by means of a small pump at the reservoir. This, for fire purposes, would be entirely inadequate, and affords but false security.

"THE PROPOSED NEW SYSTEM.

"The lake-water reservoir, hereafter to be spoken of as the lake reservoir, is situated on the main road, some 3,000 feet from the lake, at an elevation of about 200 feet above the lake. Just east

Willard State Hospital—Annual Report

the reservoir is the electric light plant, the fire department building and a small pump-house. It is proposed to take down the pump-house and to build a wing to the electric lighting plant and a pump-room. This will be so constructed that one man can be in charge of both the lighting and pumping plants. The existing capacity of the boiler is sufficient to do the work of both lighting and pumping.

“THE PUMP.

At this point it is proposed to locate a pump of 1,200,000 gallons capacity, the pump to be supplied with steam from boilers now in place and with water from the reservoir.

“THE COURSE OF THE PIPE LINE.

Starting at the pump-house the piping will run north 112 feet, crossing the road, then west 930 feet with branches extending to B. 1, and to Hadley Hall. It will also extend east about 3,000 feet with connections for D. B. 3, the Infirmary and the Branch, ending at a stand pipe. There will also be a branch line commencing 1,763 feet east of the pump-house and extending 773 feet north, then west 900 feet, with connections for the barns, farm-house, hennery and the south end of D. B. 3.

“THE STAND PIPE.

The present drawings provide for a stand pipe 10 feet in diameter and 45 feet high above its foundations, located just back of the Branch. The top of the stand pipe to be 25 feet above the eaves of the building, thus affording sufficient head for all domestic purposes, while for fire service a valve is provided at the stand pipe which can be closed, thus allowing the pressure at the pump to be increased over its normal pressure up to 150 pounds per square inch. For all buildings, save the Branch, the normal pressure would be sufficient at all times for fire service.

The top of the stand pipe will be 177 feet above the level of the reservoir, giving a normal working pressure of about seventy-five pounds at the pumps. The greatest pressure will come at

Willard State Hospital—Annual Report

Hadley Hall, located some 52 feet below the reservoir level, gives a head at Hadley Hall of 229 feet, or about ninety-eight pounds per square inch. The advisability of extending the line west of Hadley Hall and D. B. 1, is seen when we consider that the normal head due the reservoir at Hadley Hall is but twenty-two pounds while the normal head at D. B. 1 is but fifteen pounds.

“EMERGENCY CONNECTIONS.

“At the west side of the reservoir connections will be made with a 12-inch pipe leading directly from the lake pumps to the main line of the new system. These connections should not be used except in case of accident at the reservoir plant, when direct connection could be made with the lake pumps and the lake water forced directly to the stand pipe.

“WATER-WORKS SYSTEMS.

“There are three principal water-works systems, each having its advantages and disadvantages and each its advocates. They may be classified as the reservoir, the stand-pipe or tank, and the direct pumping systems.

“The reservoir is undoubtedly the best system where it can be used, but has as its disadvantages, its great first cost.

“The stand-pipe system can be classified as the next best system and can be used, as in the present case, where it would be next impossible to construct a reservoir without going to great expense. Its advantages over the direct system are: The constant pressure possible throughout the system, less liability to water hammer, thus less liability to breakage, and, therefore, is a more reliable system in case of emergency, and will bring repairs down to a minimum. It has all the advantages of the direct system in that by the closing of one valve the pressure can be increased throughout the system to any desirable amount.

“The only real disadvantage of the stand-pipe system over the reservoir system is that the stand-pipe can not store up a large quantity of water to be used while the pumps are shut down.

Willard State Hospital—Annual Report

“Even this disadvantage is not as real as it appears, for the pumps must be kept working in the reservoir system in case of a large demand for water, or the supply in the reservoir will soon be exhausted.

“The direct system pumps directly into the mains and relies wholly on pump-governors and safety valves to take care of the pressure carried, and the water pumped. Undoubtedly it is the cheapest system to construct, but experience has shown that the pressures carried are not as uniform as in the other systems, and so that the dangers arising from water hammer and breakage are greater than either of the other systems, making the cost of repairs greater than in either the reservoir or stand-pipe systems.

**“THE CAPACITY OF THE PRESENT BOILERS AND
PUMPS.**

“At the pumping station situated at the lake are two Worthington pumps of 3,500,000 gallons capacity in twenty-four hours. Either pump, during the past season, was of sufficient capacity to supply all the buildings and grounds with the exception of the ranch, which was not piped up to the reservoir at the electric light station.

“This building receives its supply from the old reservoirs. By adding this building to the system, an additional amount of water, from 12,000 to 15,000 gallons per twenty-four hours would have been supplied. This could be done by slightly increasing the service of the pump working or by running both pumps together for a short period each day when the demand for water is greatest.

“The boiler capacity at the electric light station is ample, none of the boilers being used during the daytime when the pump would be called upon for its greatest service, while up to the present time but two or three boilers have ever been used at any one time.”

NINTH ANNUAL REPORT OF THE
Willard State Hospital—Annual Report

**Report on Examination of the Plumbing, Drainage and Water
Supply of Willard State Hospital by Henri D. Dickinson,
C. E., Sanitary Engineer, Lincoln Building, Nos. 1
and 3 Union Square, New York City.**

(Copy.)

NEW YORK, May 17, 1897.

Dr. WILLIAM A. MACY, *Superintendent Willard State Hospital, Willard, N. Y.:*

Sir.—I have the honor to state that in accordance with your instructions, I made an examination of the plumbing and drainage system and fixtures of the main building of the Willard State Hospital, and the following is my report:

PLAN OF WORK.

The plan and general arrangement of the work, which includes the house drains, soil, waste and vent pipes, is generally defective. As this work was installed about thirty years ago, no degree of blame is attachable to any person connected with it. I believe it was planned and executed as well as the average work of plumbing was understood or done at that period. Additions from time to time have not improved it in any respect, but on the contrary rendered it more inferior and less secure from a sanitary point of view.

As the house drains are laid beneath the basement floor, I am unable to inform you of their condition. They could not be tested, and I did not deem it advisable to expose them. Your Mr. Rowley informs me that they are earthenware, and that parts recently examined show no signs of deterioration. While this statement is doubtless true, it is fair to assume that it, too, has suffered from use; also, that the plan and workmanship are of no higher order than the balance of the system. No engineer would at this day dream of using earthenware inside a building, however well laid, because it is unreliable, and this hospital is for all intents and purposes a modern building, so far as its use is concerned.

Willard State Hospital—Annual Report

The house drains are provided with earthenware traps, and these are too inaccessible. There are no fresh-air inlet pipes, a very necessary adjunct when the drains are tapped.

The soil pipes, originally excessive in diameter, extend up into the attic, a few full calibre, but the majority are reduced to one-ninth the area of their cross section at the floor of the third story. In the attic all are reduced to one and one-half inches diameter, those over Wards 7, 8 and 9, north and south, being carried this diameter nearly sixty feet before they reach the outer air. The soil pipe for Wards 4, 5 and 6, north, had for its vent an opening consisting of a three-quarter inch valve. The uselessness of pipes diminished to such extent is so evident that comment would seem unnecessary.

The waste pipes for serving-room sinks also extend up into the attic, reduced in area, and in addition they are trapped at their base, a scheme directly opposed to pipe ventilation.

MATERIALS.

The materials of the soil and waste piping are of poor quality. The branch waste pipes throughout the building are made of wrought iron, put together with steam pipe fittings. Some are well graded, but many are level. Nearly all are insufficient—a one-inch pipe being made to serve for several fixtures, including slop and wash sinks. Their connections with the soil pipes are made with flange and bolt on the pipe surface, and not with fittings generally used for such purposes.

TRAPS.

The water-closets are provided with the regulation trap, imbedded in the masonry of the arch, inaccessible and without proper clean-outs. A few wash-bowls have traps of an anti-siphon pattern. The bath traps are made of iron pipe fittings, consisting of several parts upon which a number of other fixtures depend, as their waste pipes discharge into them. It may be stated as a rule that nearly all are inefficient or useless. A trap to be serviceable as such must conform to the following

Willard State Hospital—Annual Report

conditions: It must be of smooth bore and easy curve, must have sufficient depth so as to secure a perfect seal and protect against loss by evaporation or disturbance, it must be placed close to the fixture, and it should be accessible. None of the traps examined meet these conditions with the exception of those under the water-closets, and these conform in part only.

There is an entire absence of trap ventilation, except the little obtained through the constricted ends of the soil pipes, so that trap siphonage is not an infrequent occurrence daily.

FIXTURES.

The water-closets in all the wards are antiquated, corroded, inefficiently flushed, and very unsightly. Some have seats made of wood fibre, some of natural wood, and others metal. The non-absorbent material of the wood fibre being worn off, renders them difficult to keep clean, and the wooden seats are split—they are uncomfortable. A few water-closets are flushed from the service pipes direct, and the balance from bucket tanks located in the bathrooms adjoining. A very large quantity of water is used daily, two-thirds of which is ineffectual, because of the construction and form of the fixtures.

Of the urinals adjoining the water-closets in the male ward nothing of a commendable nature can be said. Some are iron and others earthenware. They are untrapped and discharge into the water-closets adjoining. The tanks which flush the water-closets supply these urinals also, and as in the case of the former, much water is discharged into them without effect.

The lavatories consist of earthenware basins set in marble slabs and long cast iron sinks. Several basins are trapped as above stated. The sinks are not provided with sufficient faucets to meet the needs of the patients. One small stream of hot, and one of cold water can hardly be deemed sufficient to enable twenty-five or thirty patients to wash with any degree of exactness or perfection. These sinks are untrapped.

The slop sinks are cast iron without sides or backs, deep, bowl-like affairs, altogether unfitted for the service required of them.

Willard State Hospital—Annual Report

because of their waste pipes, which are one inch diameter. They are not trapped and if used as receptacles for slops must necessarily require much flushing and cleaning to render them tolerable.

The bath tubs are cast iron of a type long since abandoned. The greater part of the paint which once lent them an appearance of cleanliness has disappeared, and instead, black and unsightly spots difficult to keep clean have taken their place. Each pair of bath tubs has one trap made of steam pipe fittings which serves also for the smaller fixtures twelve feet or more distant. I observed two little affairs dignified as spray baths. One was in operation. Inefficient (they are also dangerous because slight carelessness may result in scalding a patient) as they are, I consider them far better than the repulsive cast iron, coffin-shaped bath tub with its contents frequently used to bathe a number of patients. If placed on the first floor instead of the third, they would render better service because of the additional pressure obtained.

The work in the center and center rear differs in character, plan, materials, and workmanship from that of the north and south wings above described. This is owing to the fact that the work is of recent installation. I regret to state, however, that the arrangement of it is not intelligent, nor the workmanship as faithful as they should be. In the administration building the work is almost entirely hidden from view, that which is exposed or can be reached, indicates that the work has either been shirked, or the purpose of trap ventilation was not properly understood. The branch trap vent pipes are defectively arranged and the main vents instead of being carried up through the roof have been made to project through the wall under the cornice of the main building. A soil pipe is reduced to one-fourth its diameter and vented into the chimney. But for these I might have tested the work and ascertained its character where hidden under floors and partitions. Part of the system in the center is provided with fresh air pipes which would be more effective if the inlets were

Willard State Hospital—Annual Report

not reduced in area, and would be less likely to prove a nuisance if carried farther away from the building. The materials and fixtures are good, and with slight expense the work in this portion of the structure can be greatly improved, tested, and made secure and effective.

The basement of the center rear contains work and fixtures similar to that in the north and south wings. That in the upper portions is of a modern character both in regard to materials and fixtures. Its arrangement is crude, and much of the work which is exposed defective. The soil and vent pipes are hidden behind casings and partitions, consequently their exact condition throughout was not ascertainable.

In regard to the water supply pipes I would state that their arrangement is in general without method. There are no circulation pipes, the absence of which is always productive of much waste of warm water. The faucets and valves are old, worn, and leaky.

The fire lines, valves, and hose reels are in most inaccessible places. Should necessity arise for their immediate use I venture to say that five to ten minutes must elapse before they can be brought into play, as they can only be reached by a ladder or portable table. There is but one place for fire apparatus in a public institution and experience dictates that this is the corridor, where it can be seen and reached by any person.

The manner in which the wastes from the steam kettles and other utensils in the public kitchen are disposed of is in my opinion destructive to the sewers, and should be discontinued.

In addition to the defects above noted, the following deserve mention inasmuch as they form no inconsiderable and unimportant part in the aggregate which make up the sum of the faulty conditions previously mentioned, and which renders the plant in its present condition a useless and unsanitary one.

There are no catch basins on the line of sewers, consequently foreign bodies, such as towels, etc., are discharged into the line and are subsequently picked up in large numbers along the shore.

Willard State Hospital—Annual Report

few basins of this kind would separate such bodies from the sewage proper and materially assist in breaking up fecal matter, and thus render the sewage less objectionable to the surroundings. The cast iron piping under the public kitchen contains several complete, leaky expanded joints. The work is crudely put together with joints in the opposite direction of flow. The fresh pipe for this system is nearly disjointed at the point it rises above the grade. The bell traps connected with this work are reliable.

In the vegetable room the joints of the pavement are not tight. A considerable water is used on this floor daily, much of it fails to reach the drain, but soaks away and renders this part of the cement damp and unhealthy. At the time of my inspection the top of the drain in this and the milk room were removed and an open way provided for sewer gas to enter the premises, infect the food, and vitiate the atmosphere.

At several parts of the basement under the wings I observed defective joints in the soil and waste pipes covered with canvas, no connections of drips from the heating system. Such connections should never be permitted as they are destructive to the materials and jointing.

The connection of the staff kitchen sink with the sewer is such that it frequently becomes obstructed through collection of grease.

The soil and vent pipes from fixtures in the staff toilet-room are too near the windows. The trap vent pipe for basins is improperly arranged, and a vent coupling from basin trap loose.

The soil pipe which extends through ward four, south, is corroded and shows signs of perforation. The washroom attached to this ward contains broken wash basins and marble slab.

On the first floor of the nurses' hall the water closets are broken, and the vent pipe connection with trap of slop sink is defective. On the second floor one water closet is broken.

I have pointed out as near as possible all the defects in the plumbing and drainage system which appeals to the eye of an

Willard State Hospital—Annual Report

experienced observer, and I have endeavored to place them before you as free from technical description as conditions will permit to the end that you may readily appreciate them, and that you may see them the causes which induced you to have the examination made. From these observations, and this report, but one conclusion can be reached, namely, that the plumbing and drainage system, fixtures, and appliances connected therewith, with exceptions noted, are extremely defective and unworthy to be retained. It is further that the recent causes of diphtheria and other complications among the patients may safely be attributed to the condition of the affairs. As to the remedy there is but one thing—a new and complete system with all that it implies, sanitary fixtures, modern baths, improved lavatories, and durable materials. I would not advise any attempt to repair, alter or improve the present system. To temporise with it to any degree is to my mind doubly wasteful and economy. This change if decided upon should be effected during the fine weather, when windows are open, the building well ventilated and the patients can be kept out of doors while the work is in progress.

Respectfully submitted,

(Signed), HENRI D. DICKINSON

(Copy.)

NEW YORK, August 7, 1888

DR. WM. A. MACY, *Superintendent Willard State Hospital, Westchester Co., N. Y.:*

Dear Sir.—I have looked into the subject of improving the sanitary condition of the main building, so far as the plumbing and drainage affects the same, and I have taken into consideration the present state of the piping, fixtures and arrangement thereof with the view of utilizing such portions as would effect a marked reduction in the cost of installing a new plumbing system designed to meet the necessities of the hospital.

Willard State Hospital—Annual Report

First, let me state frankly and without reservation that any scheme which involves the retention of the existing soil and waste pipes, water-closets, urinals and slop sinks would be wasteful and ineffective to meet the end in view, namely, to replace the old, worn out and defectively arranged plant by a new, safe and yet expensive system. It cannot be accomplished, and I would most earnestly advise against the attempt. The best that could be done in the interest of economy would be to utilize such wash basins, sinks, baths, marble, brass work and water piping as are in good condition. This I would do as far as possible, if instructed to make plans and specifications for the work.

As to the cost, I estimate that a simple yet well arranged and reliable system can be installed within the maximum limit of nine thousand dollars (\$9,000). This would include a number of manholes and catch basins on the sewer system.

Very respectfully,

(Signed) HENRI D. DICKINSON.

THIRTY-FIRST ANNUAL REPORT
OF THE
MANAGERS
OF THE
HUDSON RIVER STATE HOSPITAL
AT POUGHKEEPSIE, N. Y.

FOR THE YEAR ENDING SEPTEMBER 30, 1897.

CHAPTER 33

Report of the Managers of the Hudson River
State Hospital

OFFICERS OF THE HOSPITAL

BOARD OF MANAGERS.

W. B. Lown, President.....	Poughkeepsie.
Frederic N. Howell, Vice-President.....	Poughkeepsie.
Frederic Taylor	Poughkeepsie.
Frederic W. Sherrill.....	Poughkeepsie.
Frederic H. Parker.....	Albany.
Frederic A. Newbold.....	Poughkeepsie.
Frederic H. Avery.....	Poughkeepsie.

SECRETARY AND TREASURER.

Frederic Butts	Poughkeepsie.
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ATTORNEY.

Frederic M. Taylor.....	Poughkeepsie.
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RESIDENT OFFICERS.

Frederic W. Pilgrim, M. D.....	Medical Superintendent.
Frederic Courtney, M. D.....	First Assistant Physician.
Frederic H. Langdon, M. D.....	Second Assistant Physician.
Frederic G. Harris, M. D.....	Assistant Physician.
Frederic E. Bamford, M. D.....	Assistant Physician.
Frederic J. Mann, M. D.....	Junior Assistant Physician.
Frederic Stranahan, M. D.....	Junior Assistant Physician.
Frederic E. Baright, M. D.....	Junior Assistant Physician.
Frederic Putnam, M. D.....	Woman Physician.
Frederic T. Clark, M. D.....	Medical Intern.
Frederic J. Slocum, M. D.....	Medical Intern.
Frederic Porter Lord.....	Steward.
Frederic Barrington	Matron.

REPORT OF THE MANAGERS

To the State Commission in Lunacy:

Gentlemen.—The Managers of the Hudson River State Hospital herewith submit their thirty-first annual report, together with the reports of the treasurer and the medical superintendent for the fiscal year ending September 30, 1897:

The treasurer's report shows that the expenditures for the year chargeable to maintenance account, were \$335,130.21. This amount includes officers' salaries, transportation of patients to and from the hospital, and in fact all expenditures of any kind except such as were made under special appropriations. With an average daily population of 1,568, the weekly per capita cost, using the above figures as a basis, was \$4.09. If we deduct the amounts paid for transportation of patients, for uniforms for attendants (which is paid back to the steward when the uniforms are made) and the amounts refunded to persons who have paid in advance for a longer period than the patients for whom the amounts were paid remained under treatment, we find that the per capita cost is reduced to \$4.04 per week. This amount is somewhat smaller than it was the year before.

The superintendent's report explains in detail the operation of the various departments of the hospital during the period covered. Reference to it will show that there were 1,539 patients—837 men and 702 women—in the hospital at the beginning of the fiscal year; that 248 men and 224 women were admitted during the year; and that 197 men and 183 women were discharged during the same period, thus leaving in the hospital on the 30th day of September, 1897, 888 men and 743 women, or a total of 1,631.

The daily average population was 1,568 and the net increase during the year was 92.

Hudson River State Hospital—Annual Report

The certified capacity of the hospital is 1,460—780 men and 680 women—and as the daily average population was 1,568 it will be seen that, as stated last year, crowding existed during all the year.

The extensive changes in the south wing of the main building have occasioned considerable inconvenience, as it was necessary to abandon a part of ward 11 in order to proceed with the work. During the summer the chapel was used as a sitting-room, dining-room and dormitory. It is, however, pleasant to know that within a few months the new wing will be opened, and many of the disadvantages under which we now labor will disappear.

We do not deem it necessary to repeat in detail the recommendations made to us by the superintendent with his moderate estimates for necessary improvements during the ensuing year, while concurring in his general statement of our needs, we would especially emphasize the immediate necessity for an addition to one of the cottages which shall provide not only suitable accommodations for the physicians in charge of the cottage department—two miles distant from the administration building—shall include a waiting-room for the use of visiting friends of the patients occupying these cottages. Sidewalks, shade trees, shrubs and vines are greatly needed at the cottage department.

We judge it imperative that the bakery should be enlarged to meet the requirements of the greatly increased number of patients. When the new north wing shall be opened, and we ask your attention to the fact that it has not been adequate to the past requirements of the hospital.

The enlargement of the amusement hall is very desirable, but it seems at least indispensable that the present approach to it through the ward of the aged and infirm patients should be discontinued by the construction of a new entrance leading directly to the court.

Finally we also ask your special attention to the recommendations of the superintendent that a new building be erected for shops,

Hudson River State Hospital—Annual Report

new plumbing be put into the wards for disturbed men and disturbed women, and that an appropriation be made for a storage building.

The changes in the medical officers have been the transfer of Dr. Paul A. Phillips, in November, 1896, to the Manhattan State Hospital, and the appointment of Dr. J. O. Stranahan to the position held by Dr. Phillips on the staff of physicians.

Dr. Clarence J. Slocum was given the appointment of medical interne in August of the current year.

Upon the resignation of Miss Lillian Collyer, Miss Allurington has been recently promoted to the position of matron.

Under the provisions of the new Lunacy Laws of the State the old board of managers went out of office on January 1, 1897, the places being filled by new appointees. In pursuance of an act adopted by the Governor of the State of placing women on the boards of management of each State institution for the insane, two women managers were appointed for our hospital, they being Catherine A. Newbold and Myra H. Avery. The managers retiring were General Amasa J. Parker, Charles McClelland, George F. Shradley, M. D., Lewis Stuyvesant Clark and Francis N. Mann, Jr. The Governor appointed Lewis Parker of Albany, to succeed his father, Amasa J. Parker. He had declined a reappointment, thus making three generations continuously filling the office of manager since the founding of the hospital in 1866.

In the month of July following the reorganization, Henry M. Taylor was appointed attorney for the hospital, and Isaac W. Sherrill of Poughkeepsie, was appointed to fill the vacancy created upon the board by his resignation as manager.

In concluding our thirty-first annual report, we recognize the comfort and happiness of these helpless wards of the State depend equally upon the fidelity and efficiency of every member of this institution for the insane, and it is with great gratification that we make public recognition of the faithfulness and devotion to laborious and exacting duties, not only of the medical staff

Hudson River State Hospital—Annual Report

ent and his staff of associate physicians, but also of the
s of the several departments and their colleagues.
e beg leave to submit the foregoing report.

FRANK B. LOWN,
EUGENE N. HOWELL,
HUDSON TAYLOR,
LEWIS R. PARKER,
ISAAC W. SHERRILL,
CATHERINE A. NEWBOLD,
MYRA H. AVERY.

REPORT OF THE TREASURER

of the Managers of the Hudson River State Hospital:

The treasurer of the Hudson River State Hospital respectfully
presents the following statement of his receipts and expenditures
for the fiscal year ending September 30, 1897:

GENERAL FUND.

Balance on hand, October 1896, as shown by last re- port	\$2,813 28
Received from private patients for fiscal year ending September 30, 1897	17,088 56
Received from reimbursing patients for fiscal year ending September 30, 1897	13,759 97
Received from State treasurer for fiscal year ending September 30, 1897	301,907 87
Received for accounts due hospital previous to Octo- ber 1, 1893	20 00
Received from other sources	2,328 76
Total receipts	\$337,918 44
Disbursements by vouchers 1 to 1931	335,130 24
Balance October, 1897	\$2,788 20

HUDSON RIVER STATE HOSPITAL—Annual Report
SPECIAL FUND.

Receipts.

Chapter 693, Laws 1895	\$154,4
Chapter 944, Laws 1896	9,6
Chapter 460, Laws 1897	22,2
	<hr/>
	\$186,3

Expenditures.

Paid vouchers 683 to 905 inclusive, chapter 693, Laws 1895	\$154,4
Paid vouchers 1 to 75 inclusive, chapter 944, Laws 1896	9,6
Paid vouchers 1 to 124 inclusive, chapter 460, Laws 1897	22,2
	<hr/>
	\$186,3

A. L. BEADLE FUND.

Balance on hand October, 1896	\$1
Received income	2
	<hr/>
	\$4
Paid vouchers 270 to 301 inclusive	3
	<hr/>
Balance October, 1897	\$1

SUMMARY OF CASH BALANCES.

General fund	\$2,7
Adeline L. Beadle Memorial Fund (income)	1
	<hr/>
Total cash balance October, 1897	\$2,9

ALLISON BUTTS,
Treasurer

Hudson River State Hospital—Annual Report*Board of Managers of the Hudson River State Hospital:*

in pursuance of subdivision 7, section 40 of the Insanity Law, hereby certify that we have compared the foregoing annual report of Allison Butts, treasurer of the Hudson River State Hospital with the books and vouchers and have verified the report with further comparison with the books of the steward, and found the report in all respects correct.

Witness my hand and seal this 1st day of December, 1897.

ISAAC W. SHERRILL,

HUDSON TAYLOR,

Executive Committee.

REPORT OF THE SUPERINTENDENT*Board of Managers of the Hudson River State Hospital:*

In compliance with the requirements of the law, and your request, the following report of the operations of the hospital during the fiscal year ending September 30, 1897, is respectfully submitted:

	Men.	Women.	Total.
Number of patients remaining October 1, 1897.....	837	702	1,539
Admitted during the year ending September 30, 1897.....	248	224	472
Total number under treatment during the year.....	1,085	926	2,011
Average population.....	849	719	1,568
Capacity of institution.....	780	680	1,460
Discharged during the year:			
Recovered.....	82	50	132
Not recovered.....	48	49	97
Died.....	3	3	6
Escaped.....	64	81	145
Whole number discharged during the year.....	197	183	380
Number remaining October 1, 1897.....	888	743	1,631

Hudson River State Hospital—Annual Report

ADMISSIONS.

Of the 472 patients admitted, 318 came directly from homes, 89 from station houses and jails, 25 from county houses, 39 from institutions and hospitals (public and private) and one from the Craig Colony for Epileptics.

DISCHARGES.

Of the 39 patients discharged in an improved condition and 21 women were taken home, 6 men eloped and were discharged at the end of 30 days, one man was transferred to Matteawan State Hospital, one woman was taken to her home in Italy by her husband, and one man was sent to his home in Virginia.

Of the 58 patients discharged in an unimproved condition 21 men and 8 women were taken home, 21 men and 15 women were transferred to other State hospitals, 2 women were sent to Matteawan State Hospital, one man and one woman were referred to private asylums, one man and one woman were discharged upon an order of the court, one man was taken home in Japan and one man was sent to his home in Italy.

NUMBER UNDER TREATMENT.

The greatest number of patients in the institution at any time during the year was 1,636, the smallest 1,498, and the average 1,568. As the certified capacity of the hospital is 1,460, it will be seen that considerable crowding must have existed.

RECOVERIES.

The percentage of recoveries on the admissions was 35 per cent., and on the discharges 35 per cent. This is considerably in excess of the previous year, when the figures were 21½ per cent., respectively, and it is accounted for by the fact that there was a much smaller number of transfers from other institutions. It must not be understood, however, that all, or a majority of the cases, admitted were hopeful, for 166 were

Hudson River State Hospital—Annual Report

ing from insanity in an incurable form, and 82 were past the age of 60 and in a physical condition from which little could be expected. In addition to those discharged as recovered, 39, or 8 per cent., were so much improved that they were returned to the custody of friends, many undoubtedly going on to complete recovery after leaving the hospital.

DEATHS.

The total number of deaths during the year was 145, 64 men and 81 women, which was 9 per cent. of the average number under treatment. Here again a satisfactory condition is to be noted, for the total number in 1896 was 175, or 11 per cent. on the average daily population.

OCCUPATION.

The daily average for men was 75 per cent. and that for women 73½ per cent., while the general average was 73½ per cent., an increase of 5 per cent. over the preceding year. The greater part of the work done by patients is out of doors, the women even doing considerable in the way of light gardening, berry picking,

An examination of the statistics for the past five years shows a steady and satisfactory increase in the number employed. The percentage in 1892 was but 30, while, as stated above, for the year just closed it was 73½.

AMUSEMENTS AND RECREATION.

owing to the extensive alterations and additions which have been going on in the main building during the past year, and the consequent loss of space and crowding of the wards, it was found necessary to convert the amusement hall into a day room and the stage into a dining-room for patients. As a result our entertainments were somewhat restricted during the winter, but in the summer the concerts and dances were regularly held in the pavilion in the grove. To show that the amusement and entertainment of patients was not neglected, though laboring under

Hudson River State Hospital—Annual Report

all the disadvantages mentioned, it is only necessary to say that there were 20 dramatic entertainments during the year, 12 concerts, 64 dances and 22 ball games. In addition there was the usual Christmas tree, sleighing parties, boat rides, etc.

OPEN WARDS.

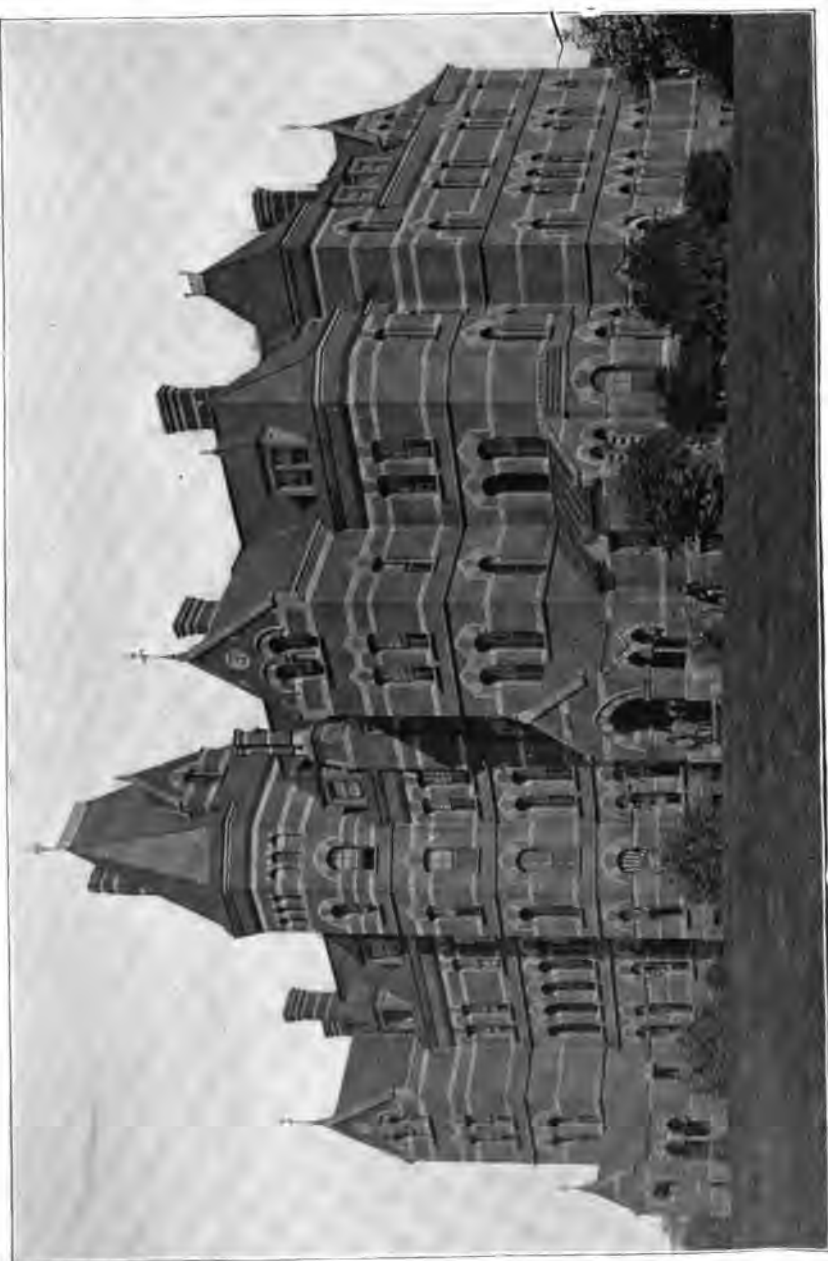
In order to give as much liberty as possible to trustworthy patients, and to remove the feeling of restraint which always exists in a hospital for the insane, many of the wards were kept with unlocked doors during the day. This privilege has been greatly appreciated and with over 500 patients availing themselves of it, only one took advantage of the opportunity to escape.

SCHOOL FOR PATIENTS.

On account of the fact that the amusement hall had to be converted from its regular uses, the school for patients was not so much in evidence as it should have been and will be in the future. Small classes were, however, held in one of the day rooms, and sufficient interest was maintained to justify the belief that it will exert again this winter all of its former usefulness.

TRAINING SCHOOL FOR NURSES.

The training school was systematically conducted during the school year, and those who attended the lectures evinced much interest in them. That they profited by what they heard was proven by the fact that all of the women, and all but three of the men, successfully passed the examination before the board of examiners appointed by the Commission in Lunacy. The graduating class numbered 18—13 women and 5 men. The instruction is yearly assuming a wider scope, and the examinations are steadily becoming more difficult, and only those who succeed in passing a satisfactory entrance examination are permitted to attend the lectures. The diploma is intended to represent genuine and conscientious work, and no drones or incompetents are desired in the classes.



HUDSON RIVER STATE HOSPITAL.—ADMINISTRATION BUILDING.



HUDSON RIVER STATE HOSPITAL—BIRD'S-EYE VIEW.



HUDSON RIVER STATE HOSPITAL.—OBSERVATION WARD FOR WOMEN.



HUDSON RIVER STATE HOSPITAL.—ROAD MAKING.



W. H. HALLENSECK & CRAWFORD CO.

HUDSON RIVER STATE HOSPITAL.—DRUG ROOM.





HUDSON RIVER STATE HOSPITAL.—DRUG ROOM.





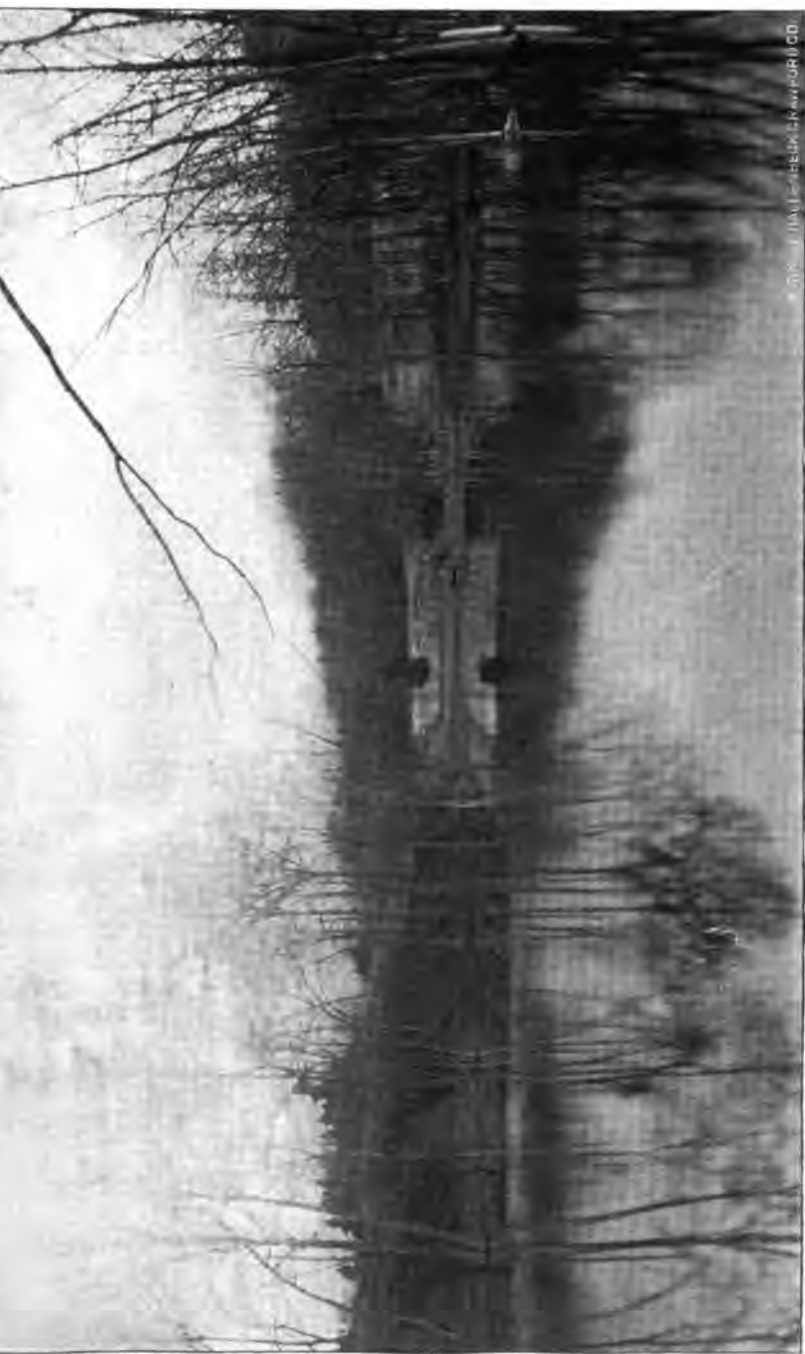
W. KNOTT - HALLERBECK CHAS. W. ORDICO

HUDSON RIVER STATE HOSPITAL.—GREENHOUSE.





HUDSON RIVER STATE HOSPITAL.—NURSES' COTTAGE.



HUDSON RIVER STATE HOSPITAL.—MIRROR LAKE.



HUDSON RIVER STATE HOSPITAL.—PATIENTS PICKING PEAS.

DR. J. W. CHAFFIN, NEW YORK



HUDSON RIVER STATE HOSPITAL.—HOSPITAL BAND.

Hudson River State Hospital—Annual Report

MEDICAL SERVICE AND RESIDENT OFFICERS.

But few changes have occurred in the medical staff during the year.

Dr. Paul A. Phillips was transferred to the service of the Manhattan State Hospital November 30, 1896, and Dr. J. O. Stranan, who was serving as medical interne at the time, was appointed to the vacancy thus created.

Dr. Clarence J. Slocum, who had had previous experience in the hospital, was appointed medical interne August 1, 1897.

Miss Lillian Collyer, matron, resigned December 1, 1897, and Miss Allura Barrington was promoted to the vacancy from the position of clothing clerk, which she had filled satisfactorily for several years.

Early in the year the Commission in Lunacy provided for the services of an ophthalmologist, and we were fortunate enough to secure the co-operation of Dr. W. G. Dobson, who has since visited the hospital weekly and made careful and systematic examinations of the eyes of all patients.

IMPROVEMENTS DURING THE YEAR—NORTH WING.

The work on the new north wing has progressed satisfactorily during the past year, and in all probability it will be ready for the reception of patients sometime in January, 1898. The contract calls for the completion of the work at the beginning of the new year, and from present appearances the building will be completed at the time specified. This new wing will give us excellent accommodations for men, and will increase the capacity of the hospital to nearly 2,000, thus making it second in population among the hospitals of the State.

ENLARGEMENT OF LAUNDRY.

Plans for the enlargement of the laundry were adopted late in the summer and the work is now well under way. When completed and equipped we shall have a convenient and commodious plant.

Hudson River State Hospital—Annual Report

ENLARGEMENT OF KITCHEN.

The same may be said of the kitchen connected with the building. That and the laundry were begun at the same and they are now in the same stage of progress. Both buildings will probably be completed early in the year.

ROAD MAKING.

Under the well directed efforts of Mr. E. Lyman Brown a deal of progress was made in road making and grading during summer. The grounds about cottages one and two have entirely changed and now present a very attractive appearance. Two long strips of new road were built and a great deal of old road was levelled, graded and curbed. New entrances have been made at Violet avenue and the Creek road, and the unsightly bank at the edge of the woods along the road leading to the cottages has been graded and seeded and provided with a covered water way. In fact many other improvements, small in themselves, but important as a whole have been undertaken and carried to successful completion, so that the drives and grounds marked improvement.

EXTENSION OF ELECTRIC LIGHT PLANT.

The electric light plant has been improved by the addition of a new dynamo and boiler and is now in a satisfactory condition and large enough to furnish us with all the light and power necessary.

STEAM PLANT.

The steam plant has been considerably enlarged and improved and the outlook for a comfortable winter within doors is promising. A new boiler has also been put in at the pumping station thus averting the danger which threatened us when we relied entirely upon one.

MEN'S DINING-ROOM.

The large dining-room at the men's department has been provided with steel ceiling and new windows and trim and the v

Hudson River State Hospital—Annual Report

place has been painted in attractive colors. All of the window guards have been removed and the room now presents a very cheerful appearance which is a marked contrast to its former gloom. The only thing lacking to put the room in excellent condition is a new floor.

COTTAGE SIX.

Cottage six is now undergoing quite extensive repairs and will soon be in fair condition.

NURSES' HALL.

One of the most important and useful improvements made during the year was the changing of the attic over the sixth ward into comfortable and pleasant rooms for nurses. Accommodations for 20 nurses have been thus provided and a large double alcove in the center of the hall makes a pleasant general sitting room large enough for all of the nurses in the hospital. This change, together with the rooms provided in connection with the new dining rooms, enables us to permit nearly all of the nurses to room off of the wards. In fact only enough are left on the wards to properly care for the patients in cases of panic or accident during the night.

GENERAL IMPROVEMENTS.

In addition to the larger undertakings mentioned, two of the wards in the main building have been entirely overhauled. New steel ceiling has been provided, walls have been painted, comfortable furniture has been added and the day room space has been increased by the removal of the partitions forming the old dining rooms. Many smaller changes and improvements have been made with the object of adding to the comfort of the patients and the usefulness of the hospital.

Having in view the occupation of the new wing by men, extensive changes have been made in the offices and administrative department. The steward's office has been removed to the north side and the matron's office from the first ward to the

Hudson River State Hospital—Annual Report

rooms formerly occupied by the steward. The apothecary shop has been enlarged and improved and a hallway has been opened through a part of the old apothecary shop, thus providing direct means of communication between the two wings. The whole office corridor has been repaired and painted.

NEEDS FOR ANOTHER YEAR**ENLARGEMENT OF BAKERY, STORE-ROOM AND ASSEMBLY HALL.**

Last year attention was called to our needs in this direction but as funds could not be obtained to make the desired improvements we have been obliged to continue on in the old way and to work under very unfavorable conditions. With the great increase in population which will take place with the opening of the north wing it will be absolutely impossible to provide for the needs of our household with our present bakery. We are also put to much inconvenience, and I think loss, by having our supplies distributed through the basements under the ward in many instances in open corridors—where it is impossible even keep them under lock and key.

The same complaint of lack of space exists even more marked in the assembly hall where we have room for only 300 persons. With a population of nearly 2,500, including patients and employes, the capacity of the hall should be at least three times as great in order to give those who are in a condition to be benefited by entertainments the great advantages of that method of treatment. The subjects of occupation and amusements of the insane are so well understood, and so much has been said in previous reports, that it is unnecessary for me to advance arguments at this time.

Mr. Perry has prepared plans for a new bakery, including rooms for employes above, which it is estimated will cost \$20,460.52, to carry out. If we were to add to that amount

Hudson River State Hospital—Annual Report

cost of a new store-room and assembly hall such as have recently been built at some other institutions, the cost would be so appalling that I should fear to ask for the appropriation. We can, however, at a cost of about \$35,000 provide for all our needs in regard to bakery, store-room and hall, by enlarging what is known as the "kitchen block" where the bakery and hall are now situated. This plan, while probably not so satisfactory as new buildings would be, would cost much less than one-half as much as any other which would give anything like the same accommodations.

If the new hall is not built, the entrance to the old one should at least be changed. The entrance is now very unpleasant, as the hall can only be reached from the main building by going through the ward occupied by feeble patients. A new entrance should be made from the court, and the ward mentioned should be partitioned off on each side so as to completely separate it from the hall. The small entrance hall should also be arranged for hats and cloaks for those who come from outside buildings, and toilet rooms should be provided. New scenery is also badly needed. An appropriation of \$5,000 would be required to make the changes. I realize that the cry of contracted quarters is apt to become monotonous, but it should be borne in mind that this hospital was originally built to accommodate 500 patients, instead of more than 2,000, and it must be acknowledged that the growth of the administrative departments should bear some relation to that of the wards.

In regard to the most of our other requirements I need only repeat what was said in my last report:

COLD STORAGE BUILDING.

The necessity for a cold storage room in an institution using such large quantities of perishable supplies as are required for nearly 2,500 persons, which number, including the sick and the well, we shall soon reach, must be apparent to all. Many of the larger State hospitals are now supplied with properly equipped

Hudson River State Hospital—Annual Report

buildings, and the superintendents who are fortunate enough to have them, consider them one of the most important parts of their plants. They make large purchases of butter, eggs, etc., possible, at advantageous rates, and result in a considerable saving during the year. The cost of a new building, with the necessary refrigerating machinery, like that at Binghamton, would probably be about \$16,000, but from inquiries which I have made, I believe that our present butcher shop and the room adjoining could be rearranged and equipped for \$6,500.

NEW BUILDINGS FOR SHOPS.

The manufacture of boots and shoes, brushes and brooms, clothing and mattresses, and the repairing of furniture, caning of chairs, etc., have become an important feature in every well managed hospital for the insane. Our work in this direction has been as extensive, probably, as that of any other institution in the State, but it has been carried on under great disadvantages. Our shops are located at a considerable distance from any of the buildings and at a point where proper supervision is almost impossible. The buildings are quite unfit for the purposes to which they are put as they were built in an out-of-the-way place for temporary use as places of isolation during an epidemic of typhoid fever several years ago. We should have a good plain building, easy of access and planned for shop purposes. Plans and estimates have not yet been prepared.

BARNs AND STABLES.

The barns and wagon-houses, near the main building, have been in use for nearly, if not quite, a hundred years, and are now almost ready to tumble down. The necessity for new buildings has been frequently mentioned during the past three years, but now it is greater than ever, and should receive early attention. The new wing north of the administration building extends so near to the old barns that, in addition to their unsanitary condition and inadequate size, they are now a menace to the whole hospital. In case of fire—and it is a wonder that they have not

Hudson River State Hospital—Annual Report

succumbed to that danger ere this—the whole main building would be placed in great danger.

Plain frame buildings, large enough to meet our present and future requirements, could be erected at a safe though convenient distance from buildings occupied by patients, for about \$15,000.

NEW DINING-ROOM FOR DISTURBED AND UNTIDY PATIENTS.

The new dining-room at the men's department, used by the convalescent class has been found so satisfactory that the erection of a similar one on the other side of the kitchen, for the use of disturbed and untidy patients, is strongly recommended. The appearance of the group would be improved, as the two wings would then be symmetrical, but above all it would relieve the crowding in the large room. This is particularly desirable now, as it is intended to provide for both men and women in what has heretofore been known as the men's department. With the room suggested every difficulty would be overcome, as an excellent dining-room classification could be obtained. This room should have a tile floor and vitrified brick wainscoting, which would make it cost more than the one on the opposite side; the foundation walls would also have to go deeper. The total cost would therefore be about \$6,500.

IRON AND SLATE STAIRWAYS.

The old wooden stairways in both the main building and the men's department should be replaced by those of iron and slate. The work can best be done gradually, and I would suggest an apportionment of \$6,000, with which amount three of the most important stairways could be completed.

NEW FURNITURE AND RENEWALS TO FURNITURE.

In order to keep the furniture of the wards in proper condition and to furnish what is now lacking in various parts of the institution, about \$5,000 will be needed. The wear and tear upon buildings and furniture used by the insane is very great and in

Hudson River State Hospital—Annual Report

order to keep the wards presentable, frequent expenditures are necessary.

TILE FLOORS AND BASE IN LAVATORIES AND CORRIDORS OF THREE WARDS.

Tile floors should be provided for the lavatories, bathrooms and toilet-rooms in wards 1, 5 and 9 of the main building. The floors are old and leaky and have only been kept in condition fit for use by calking. The necessary labor and material would cost \$2,000.

STEEL CEILINGS.

Nothing adds so much to the appearance of a ward as a steel ceiling appropriately decorated, and nothing detracts from it more than a cracked and broken one of plaster. For the past two years three or four wards have been thus treated each year, and the work should be continued until all the old and broken ceilings are replaced by steel. An appropriation of \$3,000 will be required to do what is most necessary in this direction.

SURGICAL INSTRUMENTS AND LABORATORY EQUIPMENTS.

Our laboratory needs to be equipped with instruments before its full benefits can be obtained. We also need surgical instruments from time to time and should have a good electrical outfit. For all of which an apportionment of \$1,200 will be needed.

MUSICAL INSTRUMENTS AND BILLIARD TABLES.

The women's wards should be provided with three pianos, at \$325 each, and the men's department with three billiard tables, at \$150 each, making a total of \$1,425.

EQUIPMENT OF SHOPS.

In order to do necessary work cheaply and expeditiously, we need the following tools: One No. 5 Saunder's pipe machine, for pipe from two and one-half inches to eight inches; one pair 36-inch squaring shears; one power drill press; one sand papering ma-

Hudson River State Hospital—Annual Report

chine and one S. A. Wood's four-roll inside moulder. The cost of all will be about \$1,350.

ROAD MAKING.

The past season has been a very satisfactory one in regard to road making but it will take at least another busy summer to put the main driveways in good condition. With \$6,000 we could be kept busy from May to December. As all the stone used in road making has to be drawn from the quarry, which is at a considerable distance, carts and teams are absolutely necessary. There is also a great deal of work which cannot be done with profit or safety by patients, and experience has taught us that satisfactory progress cannot be made without the help of skilled laborers. It would be unwise to apportion a smaller sum than the amount asked for and thus delay this important work, as it is difficult and expensive even with the best of roads to get our supplies from the central point of distribution to the distant departments.

CURBING.

Considerable work has been done upon the main driveway during the past two summers. More than half the road has been provided with good curbing, which adds greatly to its appearance and protects the edges from the effects of heavy rains. In order, however, to make the work complete we need about 1,500 feet of 4 by 16 inch axed curbing, at 55 cents per foot, and 4,000 feet of 12-inch flagging for gutters, at 20 cents per foot, making a total cost of \$1,625.

SIDEWALKS.

During the past two years numerous walks have been provided for the most important footways, but we still need a large quantity of flagging to put the walks in proper condition. An appropriation of \$1,200 is requested for the following purposes:

Hudson River State Hospital—Annual Report

500 feet 5-inch flagging at 90 cents.....	\$450 00
500 feet of 4-foot flagging at 64 cents.....	320 00
100 barrels cement at \$2.40.....	240 00
Sand, gravel and labor (estimated).....	190 00
	<hr/>
	\$1,200 00
	<hr/>

MAIN ENTRANCE AND FENCE.

The main entrance presents a very unattractive appearance and should be provided with an appropriate gateway and wall. All of the grounds facing the Hyde Park road should also be properly fenced in. An accurate estimate of the cost of these improvements has not yet been made, but it would probably be between \$2,000 and \$3,000.

FARM FENCES.

Much of the farm, especially that upon which the cottages are located, is destitute of fence of any kind, and many of the lots are open to the highway. A moderate apportionment, about \$1,000, should be made to begin this important work.

GROUND, TREES, ETC.

The grounds are susceptible of great improvement, but the work should be done under expert guidance. A topographical map should be made, trees should be planted along the roads, and plants and shrubbery should be set out around the cottages. This is a matter of great importance, as the cottages are very barren and will continue to present a forbidding appearance until the grounds are graded and beautified by trees and plants. An apportionment of \$2,500 should be made for the purposes mentioned, as the expenditure would do more than anything else to add to the beauty of the grounds.

SUMMER HOUSE AND SEATS FOR ATHLETIC GROUNDS.

We need very much a large summer house and 200 settees for use near the athletic grounds. Our summer amusements are a

Hudson River State Hospital—Annual Report

source of great pleasure and benefit to the patients, but in order to have them profit fully by this means of treatment the house and settees suggested should be provided. The whole cost would probably be about \$1,500.

WATCHMAN'S CLOCK AND EXTENSION OF TELEPHONE SYSTEM.

Only five of the wards in the main building are connected with the medical offices by telephone. The system should be extended so as to include all of them as well as the shops, matron's office, steward's office, etc. A watchman's clock should also be put in the new wing. The cost would probably reach \$1,200, according to a detailed estimate made by our electrician.

THE FALKILL PUMPING STATION.

As no pumping station can be considered complete, or even safe with only one pump, I would recommend that an additional one be placed in the Falkill station. The station should also be supplied with a Berryman feed water heater. The cost of the pump and heater will amount to about \$1,850.

RENEWAL OF OLD PLUMBING.

The stack in the north end of the main building is in a very unsanitary condition and should be torn out and renewed as soon as possible. Attention has been called to this for the past two years and it should not be delayed beyond the coming summer. The plumbing in the wards for disturbed women, and in those for disturbed men, is also very defective, and should be torn out and renewed in accordance with scientific methods. An expenditure of \$5,000 could be made with great advantage.

FIRE PROTECTION.

There are no outside hydrants around the men's building, and consequently the fire protection in that department is inadequate. The same condition exists at the cottages. Twenty hydrants are needed, and should be provided as soon as possible.

Hudson River State Hospital—Annual Report

I would also recommend that the attics be equipped with automatic sprinklers. In addition a modern fire alarm system should be installed. We now have a well organized fire department made up of employes, but its efficiency would be greatly lessened in case of need by our inability to give a quick and accurate alarm. The sum of \$5,000 will be required for the work outlined, but the experience of the past year in other hospitals would indicate that liberal expenditures in this direction are in the line of true economy.

OUTSIDE IRON FIRE ESCAPES.

In order to comply with existing laws, and to afford adequate protection to the lives of our patients in case of fire we should have three outside iron stairways, in connection with the wards of the main building. Such stairways as the law calls for would cost about \$3,000.

CLEANING THE FALKILL LAKE AND THE MAIN RESERVOIR.

In order to carry out the original plan of making a good storage pond for the water used in the cottages, \$8,000 will be required for cleaning the bottom of the lake, and \$2,500 for riprapping the sides and completing the wings of the dam. This estimate is based upon a report made by Mr. Paul A. Gerhard, consulting engineer. On account of lack of funds nothing has been done towards accomplishing this object during the past two summers. As the water becomes very impure about the first of May, we are compelled to carry in barrels for five months of the year all that is used for drinking purposes from a distant artesian well. The time of one man and a team is almost wholly taken up with this work. The inconvenience of this practice can be easily imagined. In order to avoid the large expenditure mentioned, I would advise the trial of artesian wells close to the cottages. One or two might be driven as an experiment, and if successful, the problem would be solved at a small cost. I am convinced

Hudson River State Hospital—Annual Report

that by going down from 60 to 100 feet, enough good water, for drinking, at least, could be obtained.

The cleaning of the main reservoirs entails an annual expenditure of \$225.

REPAIRS TO ASSOCIATE DINING ROOM, MEN'S DEPARTMENT.

The associate dining-room at the men's department has been greatly improved during the past summer by the addition of steel ceilings, new trim and fresh paint, but the floor is still in a bad condition and should be renewed. Tile would be the most desirable floor to have in a room where so much cleaning is necessary but the first cost would be considerably greater than wood. There are 4,980 square feet of floor surface and the cost of brick arches and tile floor would probably be about one dollar per foot.

RENOVATION OF TWO WARDS FOR DISTURBED MEN.

The two large wards used by disturbed patients should receive early attention. The floors, ceilings and trim should be renewed, after which the walls should be tastefully painted. The electric wiring should be done over on the latest scientific principles. The large bath rooms should be changed into dormitories and the small ones should be provided with sprays. The entire work could be done for about \$5,500, and as ten additional patients could be accommodated by the changes it would seem a wise expenditure to make.

GRADING ABOUT MEN'S DEPARTMENT.

The grounds in the rear of the men's department have never been properly graded and should be attended to next summer. On account of the rock it is difficult and sometimes dangerous work for the patients. All of the top dressing has to be brought from other parts of the farm and teams and carts are therefore necessary, as but little can be done with wheelbarrows. Considerable work has been done in front of the buildings

Hudson River State Hospital—Annual Report

and with an allowance of \$2,000 the whole place could be made very attractive.

RENOVATION OF COTTAGE No. 3.

By putting one cottage in good repair each year we would soon have them all in an excellent condition. No. 2 is now very attractive, and No. 3 should have the same attention. The cost for new floors throughout, new steel ceiling and new trim, and new painting would amount to about \$2,500.

TILE FLOORS IN COTTAGES 3 AND 6.

Tile floors should be put in the kitchens, pantries, lavatories, etc., of cottages 3 and 6. The cost would be about \$750 for each building. All of the cottages should be repaired, but as probably not more than two could be attended to in one summer only \$1,500 is asked for.

ADMINISTRATION BUILDING.

Attention is again called to the need of an administration building for the cottage department. The physicians are obliged to live in very inadequate quarters on the wards and there is neither waiting room nor office where the friends of patients can see the physicians after their visits on the wards. As the physicians occupy space sufficient to provide for 20 patients it would be an economical procedure to apportion \$11,000 for the administration building and repairs to the cottages. With that sum a suitable addition to cottage No. 2 could be erected and two or three other cottages could be put in good condition.

ACKNOWLEDGMENTS.

Books and periodicals have been generously donated to the patients' library by Mrs. S. K. Rupley, Miss Reynolds, Mrs. W. T. Reynolds, Miss M. Ferris, Dr. M. P. Greensword and Mr. Thomas Brown, of Poughkeepsie; Sailors' Snug Harbor, New Brighton, N. Y.; Mrs. Daniel B. Williamson of Dobb's Ferry, N.

Hudson River State Hospital—Annual Report

Y.; American Sunday School Union, and the Hospital Book and Newspaper Society of New York city.

CONCLUSION.

Appreciating fully the assistance which I have received throughout the year from my associate officers and faithful employes, and being deeply grateful to your board and to the State Commission in Lunacy for advice, support and generous treatment, it is but meet that I should, in concluding this report, make public acknowledgment of my indebtedness.

Respectfully submitted,

CHAS. W. PILGRIM,

Medical Superintendent.

Dated Nov. 8, 1897.

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
Remaining October 1, 1896	837	702	1,539
Admitted during the year ending September 30, 1897:			
From residencees on original commitments....	232	196	428
By transfers on original commitments from county houses.....	9	11	20
By transfers from other institutions for insane.....	7	17	24
Total number under treatment during the year..	1,085	926	2,011
Daily average population.....	849	719	1,568
Capacity of institution	780	680	1,460
Discharged during the year:			
As recovered	82	50	132
As improved.....	17	22	39
As unimproved.....	31	27	58
As not insane.....	3	8	6
Died	64	81	145
Whole number discharged during the year.....	197	183	380
Remaining October 1, 1897	888	743	1,631

1000

1000

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1914

Hudson River State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening.....	October 21, 1871
Total acreage of grounds and buildings.....	704 ¹⁸ / ₁₀₀
Value of real estate, including buildings.....	\$2,301,660 15
Value of personal property	208,372 27
Acreage under cultivation	660

Receipts during year:

From State Treasury for maintenance on estimates	
1 to 12 inclusive.....	301,907 87
From private patients	17,088 56
From reimbursing patients.....	13,759 97
From accounts due previous to October 1, 1893...	20 00
From all other sources.....	2,328 76

Total receipts for maintenance.....	\$335,105 16
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Total receipts from State Commission in Lunacy for extraordinary improvements	\$186,398 89
Received from Adeline L. Beadle memorial fund, including balance on hand October 1, 1896.....	420 00

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$19,659 17
Estimate No. 2. For wages	121,743 40
Estimate No. 3. For provisions and stores.....	108,276 20
Estimate No. 4. For ordinary repairs.....	6,084 66
Estimate No. 5. For farm and grounds	9,899 03
Estimate No. 6. For clothing.....	11,373 09
Estimate No. 7. For furniture and bedding.....	9,581 86
Estimate No. 8. For books and stationery.....	2,884 97
Estimate No. 9. For fuel and light.....	29,301 31
Estimate No. 10. For medical supplies.....	4,984 08
Estimate No. 11. For miscellaneous expenses.....	7,625 50
Estimate No. 12. For transportation	3,716 97

Total disbursements, estimates 1 to 12 inclusive,	\$335,130 24
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Hudson River State Hospital—Annual Report

Table No. 2—(Continued).

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$186,398 89
Total disbursements during year on the Adeline L. Beadle memorial fund, as per vouchers Nos. 270 to 301, inclusive.....	302 75
Balances October 1, 1897:	
General maintenance fund	2,788 20
Adeline L. Beadle memorial fund (income).....	117 25
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	40.94
Maximum rate of wages paid attendants:	
Men	33 00
Women	28 00
Minimum rate of wages paid attendants:	
Men	20 00
Women	14 00
Proportion of day attendants to average daily population	1 to 8
Proportion of night attendants to average daily population	1 to 51
Percentage of daily patient population engaged in some kind of useful occupation.....	73½
Estimated value of farm and garden products during year.....	\$19,800 69
Estimated value of articles made or manufactured by patients during year.....	20,786 53

Hudson River State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc)	17	83	50	11	11	22	11
Mental strain, worry and overwork (not included in above) ..	6	16	22	4	6	10	3
Religious excitement.	5	6	11	....	5	5	1
Love affairs (including seduction) .....	....	3	3	....	1	1	....
Fright and nervous shock	1	11	12	1	2	3	3
Physical:							
Intemperance	92	6	98	32	6	38	10
Sexual excess	1	....	1	....	....	....	....
Venereal diseases	3	1	4	2	....	2	....
Masturbation	13	1	14	3	....	3	1
Sunstroke	2	3	5	1	2	3	....
Accident or injury ..	7	6	13	1	2	3	1
Pregnancy .....	....	5	5	....	2	2	....
Parturition and puerperium .....	....	9	9	....	2	2	2
Lactation .....	....	2	2	....	....	....	....
Change of life .....	....	21	21	....	7	7	2
Fevers	3	4	7	1	3	4	1
Privation and overwork .....	....	5	5	....	4	4	....
Epilepsy	9	5	14	3	....	3	5
Diseases of skull and brain .....	....	3	3	....	3	3	....
Old age	15	16	31	4	1	5	7
Epidemic influenza ..	4	....	4	2	....	2	....
Abuse of drugs	5	2	7	2	....	2	....
Uraemic poisoning .....	....	1	1	....	....	....	....
All other bodily disorders and ill health	2	16	18	2	7	9	5
Heredity	16	14	30	16	14	30	....
Congenital defect	3	5	8	3	1	4	3
Unascertained	42	27	69	....	6	6	11
Not insane	2	3	5	....	....	....	....
Total	248	224	472	88	85	173	66

Hudson River State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	9	.....	3	57	11	24
Mania, acute.....	61	37	12	737	335	81
Mania, recurrent.....	11	5	2	75	26	6
Mania, chronic.....	20	1	7	307	10	62
Melancholia, acute.....	155	70	14	1,127	492	105
Melancholia, simple.....	23	17	.....	93	26	6
Melancholia, chronic.....	28	2	6	279	19	107
Alternating (circular) insanity.	2	.....	.....	2	.....	.....
Paranoia.....	8	.....	.....	49	.....	8
General paralysis.....	40	.....	19	250	.....	165
Dementia, primary.....	2	.....	.....	46	22	16
Dementia, terminal.....	77	.....	76	1,133	.....	444
Epilepsy with insanity.....	18	.....	5	227	.....	39
Imbecility with maniacal at- tacks.....	13	.....	1	143	1	17
Idiocy.....	.....	.....	.....	3	.....	.....
Not insane*.....	5	.....	.....	37	.....	.....
Total.....	472	132	145	4,565	942	1,080

* Includes cases of alcoholism, drug habit, etc.

Hudson River State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
CURABLE CONDITIONS.									
Melancholia in acute forms..	37	16	53	66	70	136	103	86	189
{ First admission....				12	4	16	18	5	23
{ Second admission..	6	1	7	2	.....	2	2	1	3
{ Third admission....	.....	1	1	22	28	50	38	50	88
Mania in acute forms.....	16	22	38	22	2	5	9	4	13
{ First admission....	6	2	8	3	2	5	4	3	7
{ Second admission..	1	1	2	3	2	5	4	3	7
{ Third admission....	.....	4	4	1	8	9	4	12	16
All other curable forms.....	3	.....	.....	.....	.....	.....	.....	.....	.....
{ First admission....	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Second admission..	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Third admission....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Hudson River State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DECHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in { First admission..	48	22	70	1	4	...	8	2	9	11	13	7	20	40	48	88
{ Second admission..	7	9	9	1	...	...	10	...	...	...	4	1	5	7	2	9
{ Third admission..	1	1	2	...	5	...	...	...	...	...	...	...	...	1	...	1
Mania in acute { First admission..	19	20	39	...	95	...	9	1	11	12	4	2	6	14	17	31
{ Second admission..	6	3	9	...	8	...	6	...	...	...	1	...	1	2	1	3
{ Third admission..	1	...	1	1	1	...	...	...	...	...	2	2	4	1	1	2
All other cura- { First admission..	...	2	2	...	...	1	1	...	2	2	...	5	5	4	3	7
{ Second admission..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
{ Third admission..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Hudson River State Hospital—Annual Report

TABLE No. 6.

Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1893.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1893.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	37	14	51	.....	.....	.....	180	130	310	6	4	10
One to three months	18	19	37	14	2	16	125	120	245	97	40	137
Three to six months	13	8	21	21	16	37	55	57	112	170	133	303
Six to nine months	8	4	12	17	11	28	31	25	56	93	93	186
Nine months to one year	2	1	3	7	8	15	15	18	33	38	63	101
One year to eighteen months .....	.....	.....	.....	18	8	26	13	19	32	62	57	119
Eighteen months to two years	2	.....	2	.....	3	3	9	8	17	11	14	25
Two to three years .....	.....	.....	.....	4	2	6	9	11	20	18	16	34
Three to four years .....	.....	1	1	1	.....	1	4	6	10	13	9	23
Four to five years	1	2	3	.....	.....	.....	4	5	9	1	2	3
Five to ten years	1	.....	1	.....	.....	.....	11	7	18	1	1	2
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	2	2	4	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained .....	.....	1	1	.....	.....	.....	52	24	76	.....	.....	.....
Total	82	50	132	82	50	132	510	432	942	510	432	942

* Includes cases of alcoholism, opium habit, etc.

Hudson River State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess, cerebral.....				1		1
Abscess, prostatic.....	1		1	1		1
Aneurism, aortic, rupture of.....		2	2	1	2	3
Apoplexy, cerebral.....	2		2	18	17	35
Asphyxia.....	1		1	7	3	10
Asthenia, from carbuncle.....					1	1
Asthenia, from fracture of femur.....					1	1
Asthma.....	2		2	2		2
Atheroma, general.....	1		1	1		1
Bright's disease.....				4	7	11
Bronchitis, capillary (acute).....		1	1	1	3	4
Cancer.....	1		1	1	5	6
Cardiac disease, organic.....	2	12	14	27	44	71
Catarrhal jaundice.....					1	1
Cerebral atrophy.....	1	13	14	6	16	22
Cerebral softening.....	3	4	7	3	12	15
Cirrhosis of liver.....				1	1	2
Cystitis, chronic.....				1	3	4
Diabetes.....				1		1
Dysentery.....					2	2
Empyema.....	1		1	1		1
Endocarditis.....					1	1
Enteritis.....		1	1		12	12
Enterocolitis.....					9	9
Epilepsy.....	1	4	5	22	17	39
Erysipelas.....	1	2	3	5	7	12
Exhaustion from mental disease.....	3		3	108	79	187
Exhaustion from acute mania.....	3	5	8	3	16	19
Exhaustion from melancholia.....	1	2	3	1	10	11
Exhaustion from chorea.....				1	1	2
Exhaustion from organic dementia.....	1	1	2	1	1	2
Foreign body in stomach.....					1	1
Gangrene.....				4	4	8
Gastritis, chronic.....		1	1		1	1
General paresis.....	16	2	18	146	20	166
Glandular abscess.....					1	1
Influenza.....	1		1	9	7	16
Intestinal obstruction and perforation.....				1		1
Lepto-meningitis and nephritis.....					1	1
Lepto-meningitis purulent.....		1	1		2	2
Meningitis.....				1	1	2

Hudson River State Hospital—Annual Report

Table No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Myelitis transverse.....	.....	.....	.....	.....	1	1
Nephritis chronic intestinal.....	.....	2	2	3	4	7
Nephritis parenchymatous.....	.....	1	1	.....	2	2
Œdema of the lungs.....	1	.....	1	11	5	16
Ovarian cyst.....	.....	1	1	.....	1	1
Pachymeningitis, hæmorrhagica interna.	.....	.....	.....	.....	1	1
Paralysis-bulbar.....	1	.....	1	1	.....	1
Peritonitis.....	2	.....	2	2	3	5
Pleurisy.....	.....	.....	.....	1	1	2
Pneumonia.....	3	3	6	71	38	109
Puerperal fever.....	.....	.....	.....	.....	1	1
Pulmonary tuberculosis.....	4	8	12	79	39	118
Scarlet fever.....	.....	.....	.....	1	.....	1
Secondary hæmorrhage.....	.....	.....	.....	1	.....	1
Senility.....	11	15	26	56	57	113
Septicæmia.....	.....	.....	.....	.....	3	3
Strangulated hernia.....	.....	.....	.....	.....	1	1
Syphilis.....	.....	.....	.....	.....	3	3
Typhoid fever.....	.....	.....	.....	4	1	5
Typhlitis.....	.....	.....	.....	1	.....	1
Total.....	64	81	145	609	471	1080

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	29	20	49	175	145	320
Maternal branch.....	25	26	51	162	225	387
Paternal and maternal branches.....	9	15	24	31	47	78
Collateral branches.....	25	24	49	199	191	390
No hereditary tendency..	132	101	233	356	383	739
Unascertained.....	28	38	66	1,547	1,104	2,651
Total.....	248	224	472	2,470	2,095	4,565

Hudson River State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	104	79	183	1,249	757	2,006
Married	128	95	223	985	910	1,895
Widowed	13	50	63	194	397	591
Divorced	3	.....	3	18	9	22
Unascertained .....	.....	.....	.....	29	22	51
Total	248	224	472	2,470	2,095	4,565

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	10	1	11	51	7	58
Academic	16	8	24	97	77	174
Common school	200	180	380	1,603	1,452	3,055
Read and write	2	.....	2	168	20	188
Read only	6	17	23	146	207	353
No education	13	14	27	257	226	483
Unascertained	1	4	5	148	106	254
Total	248	224	472	2,470	2,095	4,565

Hudson River State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.						
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Under one month.....	9	10	19	11	11	22	37	52	89	106	83	189	
One to three months.....	3	16	19	8	14	22	54	64	118	83	75	158	
Three to six months.....	6	5	11	8	9	17	36	36	72	81	70	151	
Six to nine months.....	7	5	12	8	9	17	32	31	63	48	34	82	
Nine months to one year.....	4	9	13	7	6	13	16	16	32	54	29	83	
One year to eighteen months..	3	5	8	10	11	21	61	35	96	69	48	117	
Eighteen months to two years..	.....	2	2	.....	4	4	12	9	21	24	29	53
Two to three years.....	5	7	12	3	4	7	65	40	105	55	34	89	
Three to four years.....	4	4	8	2	6	8	32	23	55	27	28	55	
Four to six years.....	3	6	9	1	2	3	32	28	60	28	21	49	
Six to ten years.....	7	1	8	6	5	11	32	19	51	30	13	43	
Ten to twenty years.....	7	7	14	.....	.....	.....	45	34	79	4	7	11
Twenty years and over.....	4	4	8	.....	.....	.....	43	30	73	.....	.....	.....
Not insane*.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained.....	2	.....	2	.....	.....	.....	112	54	166	.....	.....	.....
Total.....	64	81	145	64	81	145	609	471	1,080	609	471	1,080	
Average duration of insane life (give years and tenths).....													6.1

Hudson River State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years.....					1	1
From 10 to 15 years.....		1	1	7	6	13
From 15 to 20 years.....	11	13	24	84	67	151
From 20 to 25 years.....	9	14	23	181	151	332
From 25 to 30 years.....	40	25	65	286	232	518
From 30 to 35 years.....	24	26	50	306	253	559
From 35 to 40 years.....	35	34	69	325	244	569
From 40 to 50 years.....	54	31	85	525	416	941
From 50 to 60 years.....	36	37	73	381	330	711
From 60 to 70 years.....	18	22	40	211	207	418
From 70 to 80 years.....	17	17	34	136	131	267
From 80 to 90 years.....	4	3	7	24	52	76
From 90 to 100 years.....		1	1	4	5	9
Total	248	224	472	2,470	2,095	4,565

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years.....	5	4	9	31	15	46
From 20 to 30 years.....	27	10	37	135	125	260
From 30 to 40 years.....	22	16	38	139	134	273
From 40 to 50 years.....	16	11	27	113	80	193
From 50 to 60 years.....	8	5	13	56	58	114
From 60 to 70 years.....	3	3	6	32	16	48
From 70 to 80 years.....	1	1	2	4	4	8
Total	82	50	132	510	432	942

Hudson River State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 15 to 20 years....	.....	.....	.....	5	5	10
From 20 to 25 years....	.....	5	5	11	18	29
From 25 to 30 years....	3	6	9	34	23	57
From 30 to 35 years....	2	6	8	46	29	75
From 35 to 40 years....	6	4	10	56	23	79
From 40 to 50 years....	12	8	20	118	80	198
From 50 to 60 years....	9	15	24	104	64	168
From 60 to 70 years....	13	12	25	107	91	198
From 70 to 80 years....	13	16	29	98	83	181
From 80 to 90 years....	6	8	14	26	46	72
From 90 to 100 years....	.....	1	1	4	9	13
Total	64	81	145	609	471	1,080

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	61	43	104
One to three months.....	38	59	97
Three to six months.....	19	25	44
Six to nine months.....	20	14	34
Nine months to one year.....	7	8	15
One year to eighteen months.....	20	8	28
Eighteen months to two years.....	2	13	15
Two to three years.....	23	6	29
Three to four years.....	7	4	11
Four to five years.....	8	5	13
Five to ten years.....	12	14	26
Ten to fifteen years.....	10	8	18
Fifteen to twenty years.....	4	5	9
Twenty to thirty years.....	7	1	8
Thirty years and upwards.....	4	1	5
Not insane*.....	1	3	4
Unascertained.....	5	7	12
Total	248	224	472

* Includes cases of alcoholism, morphia habit, etc.

Hudson River State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	25	14	39
One to three months	36	35	71
Three to six months	43	37	80
Six to nine months	44	48	92
Nine months to one year	40	34	74
One year to eighteen months	105	106	211
Eighteen months to two years	31	12	43
Two to three years	84	109	193
Three to four years	197	137	334
Four to five years	52	51	103
Five to ten years	196	117	313
Ten to fifteen years	30	36	66
Fifteen to twenty years	2	5	7
Twenty to thirty years	3	2	5
Thirty years and upwards			
Not insane*			
Total	888	743	1,631

* Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.	7	.....	7	73	3	76
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.	43	.....	43	347	2	349

Hudson River State Hospital—Annual Report

Table No. 17—(Continued).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pas- toral:						
Farmers, gardeners, herda- men, etc.	27	.....	27	355	.....	355
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc.	35	.....	35	382	.....	382
Mechanics, etc., at se- dentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	37	.....	37	213	.....	213
Domestic service:						
Waiters, cooks, servants, etc.	2	68	70	66	606	672
Educational and high- er domestic duties:						
Governesses, teachers, stu- dents, house-keepers, nurses, etc.	3	128	131	27	1,183	1,210
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc. ....	.....	4	4	3	21	24
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.	8	19	27	61	149	210
Miners, seamen, etc. ....	.....	.....	.....	.....	.....	.....
Prostitutes ....	.....	.....	.....	.....	.....	.....
Laborers	78	.....	78	800	.....	800
No occupation	8	5	13	114	114	228
Unascertained ....	.....	.....	.....	29	17	46
Total	248	224	472	2,470	2,095	4,565

Hudson River State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Arkansas.....					2	2
Connecticut.....	7	2	9	29	21	50
District of Columbia.....				1	1	1
Florida.....					1	2
Georgia.....		1	1	4	2	6
Illinois.....				5	1	6
Indiana.....				2	1	3
Iowa.....				1		1
Kentucky.....		1	1	1	1	2
Maine.....	1		1	1	6	7
Maryland.....		1	1	8	3	11
Massachusetts.....	1	3	4	21	11	32
Michigan.....				2	2	4
Mississippi.....	2		2	2		2
New York.....	156	122	278	1,437	1,085	2,522
New Jersey.....	2	2	4	19	14	33
New Hampshire.....				1		1
Ohio.....	1		1	4	6	10
Pennsylvania.....	1	1	2	23	10	33
Rhode Island.....				1	1	2
South Carolina.....				5	3	8
Texas.....					1	1
Vermont.....	2	1	3	10	9	19
Virginia.....				9	8	17
Wisconsin.....	1		1	2	1	3
Unascertained.....		7	7	53	43	96
Africa.....				1		1
Austria.....	1	1	2	15	6	21
Bavaria.....				1		1
Bahama Islands.....				1		1
Belgium.....				2		2
Bohemia.....				3	2	5
Canada.....	7	4	11	46	28	74
Cuba.....				1	2	3
Denmark.....	1	1	2	5	7	12
England.....	5	6	11	74	49	123
Finland.....					3	3
France.....	3	1	4	16	11	27
Germany.....	12	10	22	187	177	364
Greece.....				1		1

Hudson River State Hospital—Annual Report

Table No. 18—(Concluded).

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Holland	1	1	2	4	3	7
Hungary		2	2	7	4	11
India	1		1	1	1	2
Ireland	30	45	75	354	500	854
Italy	3	1	4	17	5	22
Japan				1		1
Mexico				1		1
Norway	1	1	2	6	2	8
New Brunswick				1	1	2
Nova Scotia				1	1	2
Philippine Islands				1		1
Poland	4	2	6	16	7	23
Russia	1	4	5	15	8	23
Scotland	2		2	22	17	39
Sweden	1	2	3	12	17	29
Switzerland	1	1	2	12	7	19
Wales		1	1	4	4	8
West Indies				1		1
Total	248	224	472	2470	2095	4565

Of the total number admitted since the 1st of October, 1888, the parents of 48 per cent. were both of foreign birth.

In 3 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Hudson River State Hospital—Annual Report

TABLE No. 19.

Showing the residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany	66	3	69
Allegany			
Broome			
Cattaraugus			
Cayuga			
Chautauqua			
Chemung			
Chenango			
Clinton			
Columbia	22		22
Cortland			
Delaware			
Dutchess	103	5	108
Erie			
Essex			
Franklin			
Fulton			
Genesee			
Greene	13		13
Hamilton			
Herkimer			
Jefferson			
Kings	2		2
Lewis			
Livingston ..			
Madison			
Monroe			
Montgomery			
New York	6	3	9
Niagara			
Oneida			
Onondaga			
Ontario		1	1
Orange	1		1
Orleans			
Oswego	1		1
Otsego			
Putnam	11		11
Queens	15		15
Rensselaer	78	3	81
Richmond	21	1	22

Hudson River State Hospital—Annual Report
Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
Rockland			
St. Lawrence			
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk	6		6
Sullivan			
Tioga			
Tompkins			
Ulster	7	1	8
Warren			
Washington	22		22
Wayne			
Westchester	78	3	81
Wyoming			
Yates			
State patients			
Soldiers' Home			
Total	252	20	472

Hudson River State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	71	93	164	1	2	3
Allegany						
Broome	1		1			
Cattaraugus						
Cayuga						
Chautauqua						
Chemung						
Chenango						
Clinton	2		2			
Columbia	43	39	82	2		2
Cortland						
Delaware		1	1			
Dutchess	161	124	285	4	4	8
Erie						
Essex						
Franklin						
Fulton						
Genesee						
Greene	24	14	38	1	1	2
Hamilton						
Herkimer						
Jefferson						
Kings	5	2			5	5
Lewis						
Livingston						
Madison						
Monroe						
Montgomery						
New York	11	21	32	6	14	20
Niagara						
Oneida						
Onondaga						
Ontario					1	1
Orange		1	1	1	1	2
Orleans						
Oswego						
Otsego						
Putnam	8	12	20	1	1	2
Queens	112	85	197			

Hudson River State Hospital—Annual Report

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rensselaer	135	105	240	1	2	3
Richmond	38	29	67	9	1	10
Rockland	1	.....	1	.....	.....	.....
St. Lawrence .....	.....	.....	.....	.....	.....	.....
Saratoga	1	2	3	.....	.....	.....
Schenectady .....	.....	.....	.....	.....	.....	.....
Schoharie	1	.....	1	.....	.....	.....
Schuyler .....	.....	.....	.....	.....	.....	.....
Seneca .....	.....	.....	.....	.....	.....	.....
Steuben .....	.....	.....	.....	.....	.....	.....
Suffolk	28	14	42	.....	.....	.....
Sullivan .....	.....	.....	.....	.....	.....	.....
Tioga .....	.....	.....	.....	.....	.....	.....
Tompkins .....	.....	.....	.....	.....	.....	.....
Ulster	39	28	67	.....	3	3
Warren .....	.....	1	1	.....	.....	.....
Washington	18	13	31	.....	.....	.....
Wayne .....	.....	.....	.....	.....	.....	.....
Westchester	160	120	280	1	4	5
Wyoming .....	.....	.....	.....	.....	.....	.....
Yates .....	.....	.....	.....	.....	.....	.....
State	2	.....	2	.....	.....	.....
Total	861	704	1,565	27	39	66

Hudson River State Hospital—Annual Report

REPORT OF THE STEWARD

To the Medical Superintendent:

The following report of farm and garden products, and stock on hand, for the year ending September 30, 1897, is respectfully submitted:

FARM AND GARDEN PRODUCTS.

Apples, barrels	100
Asparagus, bunches	275
Beef, pounds	9,780
Beets, bushels	654
Beets, large, bushels.....	1,000
Beans, butter, bushels.....	3
Beans, lima, bushels.....	50
Beans, string, bushels.....	6
Beans, wax, bushels.....	442
Cabbage, heads	20,750
Carrots, bushels	718
Celery, heads	12,000
Celery tops, bushels.....	45
Cauliflower, heads	100
Currants, quarts	402
Corn, sweet, ears.....	0
Corn, field, bushels.....	400
Cornstalks, bundles	15,800
Cucumbers, bushels	5
Calves.....	24
Egg plant	60
Eggs.....	3,990
Grapes, pounds	100
Horseradish, pounds	500
Hay, tons	250
Lettuce, heads	3,000
Lettuce, bushels	553

Hudson River State Hospital—Annual Report

Leeks, bunches	2,000
Milk, quarts	146,325
Mint, bunches	100
Muskmelons.	200
Onions, bunches	1,750
Onions, bushels	507
Oats, bushels	1,500
Parsley, bunches	2,090
Parsnips, bushels	110
Peppers.	200
Peas, bushels	393
Pears, bushels	30
Potatoes, bushels	1,486
Pork, pounds	4,355
Radishes, bunches	2,875
Radishes, bushels	213
Rhubarb, bunches	1,630
Raspberries, quarts	285
Rye, bushels	500
Sage, bunches	75
Strawberries, quarts	185
Swisschard, bushels	1,252
Spirach, bushels	3
Salsify, bushels	3
Straw, rye, tons.	40
Thyme, bunches	100
Turnips, bushels	1,020
Tomatoes, bushels	20
Wood, barrels	4,100
Manure, tons	1,200

FARM STOCK.

Horses.	28
Cows.	54
Bulls.	1
Heifers.	18

Hudson River State Hospital—Annual Report

Calves.	7
Oxen.	2
Hogs and pigs	100

ARTICLES MADE IN MATRON'S DEPARTMENT.

Attendants' caps	959
Aprons, white, patients'	1,585
Blankets, strong, quilted	9
Bibs.	101
Bureau covers	97
Basket covers	12
Carriage covers	3
Clothes bags	200
Corset waists	33
Chemises	715
Dresses.	1,000
Drawers.	908
Draw sheets	24
Hats, trimmed	50
Iron holders	1,330
Kitchen aprons	1,065
Kitchen aprons, rubber	6
Kitchen caps	139
Night gowns	309
Night shirts	19
Pillow cases	3,351
Pillow shams	24
Sheets.	2,164
Shrouds.	114
Shelf covers	12
Shirt waists	9
Shirts, canton	452
Shirts, colored	365
Table cloths	234

Hudson River State Hospital—Annual Report

Table pads	2
Table covers	41
Table napkins	338
Towels, hand	6,712
Towels, bath	2,282
Towels, attendants	634
Towels, dish	1,299
Towels, roller	221
Window shades	404

TAILORING DEPARTMENT.

Coats.	654
Vests.	641
Trousers.	869
Overcoats.	72
Overalls.	44
Strong suits	145
Mittens, pairs	300
Kitchen jackets	223
Mattress covers	60

Men's uniforms:

Suits.	1
Trowsers, pairs	3
Trowsers, pairs, duck	37
Coats, duck	94

ARTICLES MADE IN SHOESHOP.

Men's elastic shoes, pairs	98
Men's laced shoes, pairs	162
Men's buckle shoes, pairs	257
Men's lock shoes, pairs	37
Men's boots, pairs	11
Men's slippers, pairs	38
Women's shoes, pairs	17

Hudson River State Hospital—Annual Report

ARTICLES REPAIRED.

Men's shoes, pairs.....	917
Men's slippers, pairs.....	641
Men's leather boots, pairs.....	27
Men's rubber boots, pairs.....	64
Women's shoes, pairs.....	139

ARTICLES MADE IN BRUSH AND BROOMSHOP.

Brooms, No. 6, fancy.....	658
Brooms, No. 6, parlor.....	356
Brooms, No. 7, parlor.....	146
Brooms, No. 7, fancy.....	362
Brooms, No. 7, ring necks.....	186
Brooms, No. 8, ring necks.....	661
Brooms, No. 6, stable.....	26
Brooms, whisk	883
Floor polishing brushes	525
Scrubbing brushes, single pointed.....	440
Scrubbing brushes, double pointed.....	500
Stove brushes	290
Sink brushes	287
Nail brushes	217
Shoe brushes, with daubers.....	210
Shoe daubers	98
Hair brushes	206
Counter dusters	100
Extra large floor polishers	53
Bath brushes	25
Clothes brushes	32
Pope's head brushes	30
Special brushes	22

Hudson River State Hospital—Annual Report

ARTICLES MADE AND REPAIRED IN UPHOLSTERING
DEPARTMNT—MATTRESS MAKING, ETC.

Single hair mattresses	812
Double hair mattresses	34
Feather pillows	15
Hair pillows	314

UPHOLSTERING.

Chairs in leather	1
Chairs in plush	1
Rocker covered in plush	1
Divan covered in cretonne	1
Office chair in corduroy	1
Sofa repaired	1
Leather chairs repaired	2
Fancy cushions	1
Leather cushions	3
Hair cushions	3
Sofa pillows	3
Knee pads	2
Awnings.	54

CHAIR CANING.

Common chairs	148
Large rockers	38
Small rockers	7
Arm chairs	12
Office chairs	1
High chairs	1

MATTING.

Brush mats	92
Braided fibre mats	64
Braided cloth mats	39

Hudson River State Hospital—Annual Report

Knitted cloth mats	24
Carpet mats lined and hemmed.....	4
Matting bound, pieces.....	9

HARNESS MAKING, ETC.

Holdback straps	16
Cow straps	19
Hame straps	35
Saddle straps	3
Lazy straps	16
Rein straps	3
Neckyoke straps	5
Tug straps	2
Bridle pieces	4
Collar straps	10
Pole straps	10
Spreading straps	2
Belly bands	4
Single reins, pairs	2
Safety straps	2
Crown pieces	4
Wristlets.....	4

HARNESS REPAIRED.

Traces, pairs	27
Girths.....	4
Breechings.....	30
Hames, pairs	7
Neckyokes.....	4
Saddles.....	7
Double reins, pairs	11
Single reins, pairs	12
Halters.....	10
Collars.....	16
Surcingles.....	8

Hudson River State Hospital—Annual Report

Snap hooks in straps	18
Strap on brush	1
Straps on pads	3
Horse blankets	23
Holdback straps	5
Protection sheets	1
Double harness	1
Horse brushes	2
Staples in hames, pairs	3
Check reins, pairs	5
Bridles.	1
Crupper.	1
Bull strap	1

MAINTENANCE—PER CAPITA COST PER WEEK.

	Payments.	Per capita cost.
For officers' salaries.....	\$19,659 17	.24
For wages	121,743 40	\$1.49
For provisions and stores.....	108,276 20	1.32
For ordinary repairs	6,084 66	.07
For farm and grounds.....	9,899 03	.12
For clothing	11,373 09	.14
For furniture and bedding.....	9,581 86	.12
For books and stationery.....	2,884 97	.03
For fuel and light	29,301 31	.36
For medical supplies	4,984 08	.06
For miscellaneous expenses	7,625 50	.09
For transportation of patients.....	3,716 97	.05
	<hr/> \$335,130 24	<hr/> \$4.09
Per capita cost for 1896.....		<hr/> \$4.14

D. PORTER LORD,

Steward.

APPENDIX

LAWS RELATING TO THE ESTABLISHMENT OF THE HUDSON RIVER STATE HOSPITAL

Chapter 666 of the Laws of 1856 authorized the Governor to appoint five commissioners for the purpose of selecting a suitable site, on or near the Hudson river, below Albany, upon which to erect a Hudson River Asylum for the Insane.

Chapter 5 of the Laws of 1867 approved the action of the commissioners in accepting the site of 206 acres of land near the city of Poughkeepsie, tendered as a gift by the citizens of Dutchess county.

Chapter 19 of the Laws of 1867 authorized the city of Poughkeepsie to borrow on the credit of the city the sum of \$50,000, to pay three-fifths of the amount necessary to purchase the Davies and Roosevelt farms, to be given by said city and county of Dutchess to the people of the State of New York, as a site for the Hudson River Asylum for the Insane.

Chapter 33 of the Laws of 1867 authorized the supervisors of the county of Dutchess to borrow upon the credit of the county a sum not to exceed the sum of \$34,000, to pay two-fifths of the amount necessary to purchase the Davies and Roosevelt farms, to be given by the city of Poughkeepsie and the county of Dutchess to the people of the State of New York, as a site for the Hudson River Asylum for the Insane.

Chapter 93 of the Laws of 1867 established and organized the Hudson River State Hospital for the Insane.

Chapter 132 of the Laws of 1890 changed the name of said hospital to "The Hudson River State Hospital."

Hudson River State Hospital—Annual Report

Managers of the Hudson River State Hospital.

The first meeting of the Board of Managers was held March 28, 1867.

NAME.	Residence.	Date of appointment.	Expiration of term.	Remarks.
Abiah W. Palmer.....	Amenia.....	March 19, 1867	March 19, 1873	Died 1868.
William Kelly.....	Rhinebeck.....	March 19, 1867	March 19, 1873	
Cornelius R. Agnew.....	New York.....	March 19, 1867	March 19, 1873	
Amasa J. Parker.....	Albany.....	March 19, 1867	March 19, 1872	
Dr. A. Cook Hull.....	Brooklyn.....	March 19, 1867	.....
Edward L. Beadle.....	Poughkeepsie.....	March 19, 1867	March 19, 1872	
George Clark.....	Newburgh.....	March 19, 1867	March 19, 1871	
Joseph Howland.....	Fishkill.....	March 19, 1867	March 19, 1871	
John P. H. Tallman.....	Poughkeepsie.....	March 19, 1867	.....
Cornelius Du Bois.....	Poughkeepsie.....	March 19, 1867	March 19, 1871	Mr. Tallman met with managers at their first meeting, but resigned before next meeting and did not qualify.
Dr. Wm. C. Benedict.....	Brooklyn.....	July 29, 1863	January 25, 1869	In place of Mr. Tallman, resigned.
Joseph Howland.....	Fishkill.....	February 16, 1871	February 16, 1877	In place of Dr. Cook Hull, deceased.
Odeil S. Hathaway.....	Newburgh.....	March 2, 1871	March 2, 1877	Reappointed.
Charles Wheaton.....	Poughkeepsie.....	March 11, 1872	March 19, 1873	In place of George Clark, term expired.
James Roosevelt.....	Hyde Park.....	May 16, 1873	Resigned, 2, 1878	In place of Cornelius Du Bois, term expired.
Amasa J. Parker.....	Albany.....	May 11, 1872	May 11, 1878	Reappointed.
Edward L. Beadle.....	Poughkeepsie.....	May 11, 1872	May 11, 1878	Reappointed.
Dr. Frederick D. Lente.....	Cold Spring.....	May 11, 1872	May 11, 1878	Reappointed.
Abiah W. Palmer.....	Amenia.....	April 1, 1874	{ April 16, 1879 } Died.	In place of Dr. Benedict, term expired.
Thomas Newbold.....	Poughkeepsie.....	1878	{ April 16, 1879 } Resigned.	In place of James Roosevelt, resigned.
Charles F. Brown.....	Newburgh.....	26, 1877	{ July 25, 1883 } Resigned.	In place of Odeil S. Hathaway.
Joseph Howland.....	Fishkill.....	26, 1877	{ July 25, 1883 } Resigned.	Reappointed.
Charles Wheaton.....	Poughkeepsie.....	26, 1877	{ July 25, 1883 } Resigned.	Reappointed.
Cornelius R. Agnew.....	New York.....	April 16, 1873	April 16, 1879	Reappointed.
Amasa J. Parker, Jr.....	Albany.....	April 7, 1881	April 7, 1887	In place of Amasa J. Parker, resigned.
Jacob B. Carpenter.....	Little Rest.....	April 7, 1881	April 7, 1887	In place of A. W. Palmer, deceased.

Hudson River State Hospital—Annual Report

John I. Platt.....	Poughkeepsie ..	April	7, 1881	April	7, 1887	In place of E. L. Beadle.
Charles H. Stolt, Jr.....	Scotsville.....	April	7, 1881	April	7, 1887	In place of Thomas Newbold.
Willard H. Mase.....	Matteawan.....	April	7, 1881	April	7, 1887	In place of F. D. Lente.
Cornelius B. Agnew	New York.....	April	7, 1881	Resigned.	Reappointed.	Reappointed.
William Bergh Kipp.....	Rhinebeck	September 13,	1882	September 13,	1888	In place of Joseph Howland, resigned.
Cornelius R. Agnew	New York.....	May	16, 1882	May	16, 1888	Reappointed.
James Roosevelt.....	Hyde Park.....	February	21, 1883	February	21, 1889	In place of W. B. Kipp.
David B. Williamson	Dobbs Ferry.....	February	21, 1883	February	21, 1889	In place of C. F. Brown.
Henry W. Gilbert	Poughkeepsie ..	March	24, 1885	Resigned,	1888	In place of Charles Wheaton, term expired.
Charles P. McClelland..	Dobbs Ferry ..	January	26, 1887	February	21, 1889	In place of D. B. Williamson, deceased.
Frank B. Lown	Poughkeepsie ..	April	24, 1888	.....	.....	In place of H. W. Gilbert, resigned.
Amasa J. Parker, Jr.	Albany.....	April	24, 1888	April	24, 1894	Reappointed.
George F. Shady	New York.....	May	9, 1888	May	9, 1894	In place of C. R. Agnew, deceased.
John Sherry	Troy	May	10, 1888	May	10, 1894	In place of J. I. Platt.
Lewis Chanler	Red Hook	August	17, 1892	.....	.....	In place of J. B. Carpenter, resigned.
Lewis Chanler	Red Hook	January	10, 1893	.....	.....	Reappointed. Resigned Dec. 21, 1895.
James Roosevelt.....	Hyde Park.....	January	10, 1893	January	10, 1899	Reappointed.
Willard H. Mase	Matteawan.....	January	10, 1893	January	10, 1899	Reappointed.
Frank B. Lown	Poughkeepsie ..	January	10, 1893	January	10, 1899	Reappointed.
Hudson Taylor	Poughkeepsie ..	January	10, 1893	January	10, 1899	Reappointed.
John Sherry	Troy	March	7, 1891	Died,	1895	Reappointed.
Charles P. McClelland ..	Dobbs Ferry.....	May	7, 1894	March	7, 1900	Reappointed.
Eugene N. Howell.....	Poughkeepsie ..	March	7, 1894	January	10, 1899	In place of W. H. Mase, deceased.
George F. Shady	New York.....	January	10, 1895	May	9, 1900	Reappointed.
Francis N. Mann	Troy	January	10, 1895	May	9, 1900	In place of John Sherry, deceased.
Henry M. Taylor	Poughkeepsie..	January,	1896	.....	.....	In place of James Roosevelt, resigned.

Hudson River State Hospital—Annual Report

Board of Managers, as Reorganized Under Chapter 545 of the Laws of 1897.

NAME.	Residence.	Date of appointment.	Expiration of term.	Remarks.
Henry M. Taylor	Poughkeepsie	January, 1897	January, 1904	Resigned July 1, 1897.
Frank B. Lown	Poughkeepsie	January, 1897	January, 1903	
Eugene N. Howell	Poughkeepsie	January, 1897	January, 1901	In place of Henry M. Taylor, resigned.
Hudson Taylor	Poughkeepsie	January, 1897	January, 1902	
Isaac W. Sherrill	Poughkeepsie	January, 1897 .....	.....
Lewis R. Parker	Albany	January, 1897	January, 1900	
Catherine A. Newbold	Poughkeepsie	January, 1897	January, 1899	
Myra H. Avery	Poughkeepsie	January, 1897	January, 1898	

Hudson River State Hospital—Annual Report

Treasurers.

(Ex-officio Secretary of Board.)

NAME.	Date of appointment.	Expiration of term.
James H. Weeks	Jan. 29, 1897	Jan. 1, 1882
Richard Kenworthy*	Jan. 1, 1882	Feb. —, 1888
Henry W. Gilbert†	March —, 1888	July 1, 1890
Allison Butts	July 1, 1890	.....

Attorney.

NAME.	Date of appointment.	Expiration of term.
Henry M. Taylor	July 1, 1897	.....

Superintendents.

NAME.	Appointed.	Resigned.
Joseph M. Cleveland, M. D. .	March 28, 1876	March 28, 1893
Charles W. Pilgrim, M. D. .	May 1, 1893	.....

Stewards.

NAME.	Appointed.	Resigned.
Robert Roberts *	Sept. 8, 1870	Feb. 12, 1885
James M. Morrison	May 6, 1885	Aug. 6, 1885
D. Porter Lord	Dec. 1, 1885	.....

* Died.

† Resigned.

**Hudson River State Hospital—Annual Report
Physicians.**

NAME.	Appointed.	Resigned.
A. O. Kellogg, M. D.	1871	1884
C. H. Langdon, M. D.	1875	1880
J. Leonard Corning, M. D.	1880	1882
C. H. Langdon, M. D.	1882	.....
Frederick Peterson, M. D.	1884	1888
Charles E. Atwood, M. D.	1884	1888
Theo. H. Kellogg, M. D.	1888	1891
Paul E. Tieman, M. D.	1889	1890
Francis E. Scratchley, M. D.	1889	1900
J. Elvin Courtney, M. D.	1890	1891
John J. Kindred, M. D.	1890	1891
Ralph W. Parsons, M. D.	1890	1893
Caroline M. Pease, M. D.	1890	1894
Selwyn A. Russell, M. D.	1891	1894
Isham G. Harris, M. D.	1891	.....
Thomas E. Bamford, M. D.	1893	.....
J. Elvin Courtney, M. D.	1894	.....
Emma Putnam, M. D.	1894	.....
Paul A. Phillips, M. D.	1894	1896
F. A. Williams, M. D.	1894	1895
H. E. Baright, M. D.	1895	.....
F. J. Mann, M. D.	1895	.....
J. O. Stranahan, M. D.	1896	.....

TWENTY-SEVENTH ANNUAL REPORT
OF THE
MANAGERS OF THE
Middletown State Homeopathic Hospital
AT MIDDLETOWN, N. Y.
TO THE
State Commission in Lunacy
FOR THE YEAR ENDING SEPTEMBER 30, 1897.

CHAPTER 34

Middletown State Homoeopathic Hospital

BOARD OF MANAGERS.

HON. GRINNELL BURT...	<i>President</i> , Warwick, N. Y.
UZAL T. HAYES, Esq.....	<i>Vice-President</i> , Middletown, N. Y.
JOHN D. STIVERS, Esq....	<i>Secretary</i> , Middletown, N. Y.
J. MACARDELL, Esq.....	<i>Treasurer</i> , Middletown, N. Y.
JOHN McE. WETMORE, M. D.	41 East 29th St., New York.
HENRY L. SLOTE, Esq.,.....	60 Murray St., New York.
FREDERICK W. DEVOE, Esq.	101 William St., New York.
HON. J. J. S. McCROSKERY ..	Newburgh, N. Y.
HON. WM. K. STANSBURY...	Middletown, N. Y.
JAMES B. CARSON, Esq.....	Middletown, N. Y.
EDWARD D. TOMPKINS, Esq.	Middletown, N. Y.
JOHN W. SLAUSON, Esq.....	Middletown, N. Y.
HON. W. W. SNOW.....	Hillburn, N. Y.

OFFICERS.

ELDEN H. TALCOTT, A. M., M. D.,	
PH. D.....	<i>Superintendent.</i>
C. SPENCER KINNEY, M. D.....	<i>First Asst. Physician.</i>
DANIEL H. ARTHUR, A. M., M. D.	<i>Second Asst. Physician.</i>
MAURICE C. ASHLEY, M. D.....	<i>Assistant Physician.</i>
CLARA BARRUS, M. D.....	<i>Woman Asst. Physician.</i>
ARTHUR PALEN POWELSON, M.D.	<i>Junior Physician.</i>
F. RICHEY HORNER, A. M., M. D..	<i>Junior Physician.</i>
MR. HENRY T. LEONARD.....	<i>Steward.</i>
MRS. LUCY T. JUDSON.....	<i>Matron.</i>

DAVID E. FRANCISCO, M. D.	<i>Interne.</i>
CLARENCE A. POTTER, M. D.	<i>Interne.</i>

SUPERVISORS.

MR. WILBUR E. COOK,	MISS D. W. COMSTOCK,
MRS. WILBUR E. COOK,	MISS IRENE BENJAMIN.

Middletown State Hospital—Annual Report

REPORT OF THE MANAGERS

To the State Commission in Lunacy:

In accordance with the provisions of the present Insanity which requires this board of managers to "make to the commission, in October of each year, a detailed report of the result of their visit and inspection, with suitable suggestions, and of any other matter as may be required of them by the commission," the year ending on the thirtieth day of September preceding the date of such report" (art. II, § 33, subdivision 7, Laws of 1896) we herewith present the report for the year ending September 30, 1897.

Visitations and inspections.—In addition to the regular quarterly meetings, the institution under our charge has been visited during the past year on fifty-eight occasions. Thirty visits were made by eleven members of the Board, chiefly those living in the city of Middletown. It is proper to remark that the hospital has been inspected in all its departments, from time to time, by the various members, and by committees of the Board; and these inspections have been made at all hours of the day, and sometimes during the evening and night, without previous notice to any of the authorities in charge of the institution. In every department we have found a commendable spirit of industry and enthusiasm, and everywhere the conditions have been such as to evidence painstaking care and skillful effort in the performance of onerous duties in behalf of the helpless sick.

Committees.—The following is a list of the names composing each committee:

Committee upon estimates.—Macardell, Stanbury.

Auditing committee.—Stanbury, Hayes, Carson.

Law committee.—McCroskery, Devoe, Slauson.

Visiting committee.—Wetmore, Slote, Stivers, Slauson.

Farm and building committee.—Macardell, Hayes, Tompkins.

The various committees have reported regularly to the board of managers of the hospital, and to the State Commissioners.

Middletown State Hospital—Annual Report

upacy; and a record of these reports is kept in the secretary's book.

Industrial reports.—In the industrial reports attached to this report, there will be found a full account of the work accomplished and the results attained in those departments which are looked after by the matron, the engineer, the carpenter, the farmer, the gardener, the florist, and the laundryman.

General improvements.—During the past year the following additions, changes and improvements have been made:

Two new boilers, manufactured by P. Delany & Co., of Newburgh, N. Y., have been put into the boiler-house in place of four, small, old and worn-out boilers. A new outside shell for the hot-water heater, made by the same firm, has also been set up in the boiler-house.

An addition to the laundry, fifty feet square, has been completed. The floor was defective, and has been relaid under the direction of the State Architect.

The wainscoting was removed from the day-rooms in Pavilion No. 1, and the walls were renovated and painted.

Four rooms in the attics of the Nurses' Homes have been completed.

The tower, containing spray-baths, lavatories, water-closets and slop-sinks, attached to Pavilion No. 2, has been completed.

In all the old piggeries there have been laid down new cement floors, with proper slopes and dishing gutters, thus affording easy opportunity for the escape of all waste material. The pens have all been overhauled and rebuilt, and the grounds around the piggeries partially regraded.

The reservoir has been repaired, a new cement floor and sides having been put on by the hospital mason and his helpers.

The work of painting and decorating the wards has been continued as vigorously as usual.

A new range, manufactured by the Bramhall Deane Company, has been put into the kitchen. It is a large double range, set in the middle of the room, with an under draught, and its working has been very satisfactory. Also, a new broiler for meats, a new

Middletown State Hospital—Annual Report

steam-table, and a new carving table for the *chef* have been added to the kitchen furniture.

The bakery has been repaired, and is now in a fairly satisfactory condition. It is proper to remark, however, that it is not large enough for the general needs of the hospital.

The general repairs have been kept up by the engineer, the carpenter, and others of the mechanical force.

In the electrical department, the following changes and improvements have been made:

Separate feeders have been run from the station switch-board on iron poles to the main building, Pavilion No. 1, Pavilion No. 2, and the hospital annexes.

Two additional lines were erected; one to the superintendent's house, and one to the cottages.

The superintendent's house, the farm cottage, Grinnell and Pierson cottages, the Nurses' Homes, the barns and cow stable, the coach-house, the ice-house, and the vegetable cellars have been wired throughout, and each building equipped with all necessary fixtures, switches, and junction boxes for the control of the same.

The new addition to the laundry has been wired completely with drop and side lights, all side lights being furnished with cone reflectors. A larger feed wire has been run for laundry, and laundry dormitory. The boiler-house and pump-house have also been supplied with a larger feed wire and additional light.

A new feeder has been run from the main building circuit to furnish light, heat and power to the kitchen and the bakery, thus relieving Pavilion No. 2 circuit by that amount, and serving to distribute the load more evenly between the two circuits.

The wiring in the attics of main building, Tallcott Hall, Pavilion No. 1 and Pavilion No. 2 has been overhauled, and all wooden cleats have been taken out and replaced with porcelain.

The main building, Pavilion No. 1 and Pavilion No. 2, have been provided with junction boxes and a main switch. The basements and the first, second and third floors of the main building; the third floor of Pavilion No. 1, and the fourth floor of Pavilion No.

Middletown State Hospital—Annual Report

Each have been provided with an independent switch, for the purpose of cutting out any one of them in case of repairs.

Both annexes have been supplied with main switches and safety cut-outs.

The general repairs, renewals, etc., of the entire plant have been kept up, with the addition of lamps, whenever and wherever the occasion required.

Special estimates.—The following estimates for additions, changes, improvements and repairs, in behalf of this hospital, have been allowed by the State Commission in Lunacy during the past year:

1.) Altering day-rooms in Pavilion No. 2.....	\$160 51
2.) Extra rooms in attics of Nurses' Home.....	509 97
3.) Bedsteads and mattresses.....	231 25
4.) Wash tubs	134 40
5.) Furniture	146 00
6.) Range	728 00
7.) Relining reservoir and relaying laundry floor.....	817 50
8.) Lawn benches	450 00
9.) New shell for hot water heater.....	250 00
10.) One 150 horse-power boiler.....	2,350 00
11.) Miscellaneous	11,841 87
Total	<u>\$17,619 50</u>

The foregoing sums have all been expended, according to the report of our treasurer.

URGENT NECESSITIES.

1.) New buildings.—We need more room for patients. The institution has a capacity for about 1,040, and at the close of the fiscal year there were 1,175 patients on our census list. It is, therefore, evident to the most casual observer that our capacity for the reception and care of patients should be increased. We should have a building for men patients to match the one now provided for women patients, and known as "Talcott Hall."

Middletown State Hospital—Annual Report

We should have, likewise, additional room in the western portion of the institution. This can be effected by constructing a building in the park, separate from the other portions of the hospital, and designed for the reception and observation of special cases. Patients, as they come from the community, are usually strangers to the physicians and nurses, hence they should be placed where they can receive special care at first, and their ultimate destination on the wards may be determined. By such a procedure, a better and safer classification may be effected. All new patients should be watched very closely until their tendencies are ascertained, then they may be granted liberty and more privileges as fast as they develop trustworthy proclivities.

We should have new accommodations for at least two hundred patients—one building for men accommodating about 100 patients, and one for women accommodating about 60.

(2.) Water supply.—Every hospital should be supplied with pure water in adequate and abundant quantities. There should be no scrimping in the use of this universal solvent, and cleanliness and promoter of health. Heretofore the supply of water at this institution has at times been limited, and of an unequal quality. We believe that measures should be taken to overcome all future difficulties in this direction. Therefore, we suggest that the State Commission in Lunacy and to the State Legislature that a full and requisite amount of water should be afforded either from the supply offered by the city of Middletown, or by means of wells sunk upon the grounds of the hospital.

(3.) Laundry machinery.—The head laundryman reports an urgent necessity for the following machines, in order to expedite and complete the large amount of work which the laundry is compelled constantly to do:

(a) One extractor, 36-inch basket.

(b) One metallic or brass washer, size of inside cylinder 4

(4.) Cold storage.—We quote again from last year's report relative to this important matter. Our facilities for preserving meats, milk, butter and other perishable articles of food are

Middletown State Hospital—Annual Report

ted. They were designed to accommodate an institution containing 300 or 400 patients, with necessary employes. Now we have nearly 1,200 patients with a corresponding increase in the number of employes. We should have increased storage facilities. A cold storage room is especially valuable from an economic standpoint. With a suitable building of this kind, we could make purchases of butter and eggs and fruits at seasons when they are cheapest, and keep them until required for use, and thus make a considerable percentage of saving. A cold storage room could be attached to the westerly end of the kitchen building.

(5.) Kitchen facilities.—When we consider the fact that we must supply food to about fifteen hundred people, it is highly important that all the machinery should be in good order, and sufficiently capacious at all times for the work imposed.

(6.) Other improvements.—As we have already stated in previous reports, we need additional facilities in the bakery; we need terrariums at the sunny end of each hall of every building; we need a tower for Pavilion No. 1, in which may be placed suitable wash-rooms, water-closets, lavatories, slop-sinks, etc.; we need additional corridors between the second stories of Pavilion No. 1 and Scott Hall, Pavilion No. 2 and Hospital Annex No. 1, and Hospital Annex No. 1 and Hospital Annex No. 2. These additional corridors would greatly facilitate the performance of duty on behalf of the sick. At the present time the physicians, nurses and employes are obliged to go up and down stairs in coming from the second floor of one of these buildings to the first floor of another, and this causes great fatigue, and an unnecessary waste of time.

(7.) Furniture.—During the past three years we have been unable to replace the old carpets with new ones in many of the convalescent and quiet wards; hence these carpets have been worn until they are, unfortunately, very shabby. The sight of worn, and faded, and broken furniture is a dispiriting one, both to the patients and to the employes. The patients are cheered by bright and pleasant, though inexpensive furniture; the attendants will take better care of such furniture than they will

Middletown State Hospital—Annual Report

of that which is poor, shabby and worn out. We would, therefore, respectfully urge upon the Commission in Lunacy the necessity for renovating and renewing the furniture of the wards and rooms of the institution wherever these changes are necessary. Between two hundred and three hundred of our patients pay a sufficient amount, over and above the cost of actual maintenance, to procure suitable and comfortable furniture. These people should have the comforts to which they have been accustomed when in health, and for which their friends pay to the State while they are sick.

What has been said concerning furniture in the wards and patients may also be said concerning some of the rooms and halls occupied by the officers of the hospital. Some of the furniture now in use has been doing service for many years, and old should give place to that which is new and appropriate to those who are engaged in difficult and tiresome tasks, and who are entitled, when their work has been well performed, to be surrounded by fair and proper comforts.

(8.) **Brick pavement.**—The open space between the main building in front, the amusement hall and the kitchen and bakery on the sides, and the boiler-house and laundry in the rear, should be paved, as we have already urged. There is necessarily an immense amount of travel to the kitchen, the bakery, the storerooms and the workshops, and this travel raises a good deal of dust, which blows through the windows into the kitchen and bakery, and settles upon the food there; and it likewise drifts into and through the halls and wards and corridors, injuring the furniture and the woodwork almost beyond the power of repair. This space should be paved with brick or stone, or should be covered with suitable cement. By proper paving and cementing, we could prevent the rise and progress of dust, and thus promote a greater and more satisfactory cleanliness throughout some of the most important portions of the institution.

We present herewith a list of urgent necessities, together with the estimated cost of the same, and we venture to invite

Middletown State Hospital—Annual Report

attention of the Commission in Lunacy to this list, and urge a careful consideration of a necessity for granting the same:

(1.) New buildings (one for men to match Talcott Hall, and to accommodate about 140; and one for women, to accommodate about 60).	\$110,000 00
(2.) Laundry machinery (one extractor, 36-inch basket; one metallic or brass washer, size of inside cylinder 46 x 34.....)	1,000 00
(3.) Cold storage building.....	10,000 00
(4.) Additional kitchen facilities.....	6,000 00
(5.) Other improvements—solariums, tower for Pavilion No. 1, and additional corridors..	35,000 00
(6.) Furniture.....	6,000 00
(7.) Brick pavement for rear of main building...	5,000 00
(8.) Repairs to green-houses.....	1,000 00
(9.) Chemical laboratory, and mortuary, with furniture.....	6,000 00
(10.) New water-closets in Pavilion No. 1 and Annex No. 2.....	400 00
(11.) Steam traps for main building.....	350 00
Total.....	<u><u>\$180,750 00</u></u>

MEDICAL STAFF.

On the 1st of May, 1897, Dr. George Allen resigned his position as first assistant physician here, and assumed the superintendency of the Collins State Homeopathic Hospital, at Collins, N. Y. Dr. Allen served as first assistant physician at this hospital for seven years, and it is proper to state that during that time he displayed scholarly attainments of a high order and medical ability which makes him prominent among the workers of our benign cause.

Dr. C. Spencer Kinney was appointed to fill the vacancy occasioned by the resignation of Dr. Allen. This promotion was a proper recognition of long service, of patient and intelligent effort and of fine medical attainment.

Middletown State Hospital—Annual Report

Dr. Daniel H. Arthur, third assistant physician, was promoted to the position of second assistant physician. Dr. Arthur is thoroughly familiar with the workings of the institution, and has manifested tact and good judgment in caring for the sick and in ministering to their numerous wants.

The other members of the medical family at this hospital have proved their earnestness and their loyalty by active and efficient service in the cause, and they have been promoted whenever vacancies have occurred.

The following is a list of the physicians now attached to the hospital, together with their respective titles:

Selden H. Talcott, A. M., M. D., Ph. D. Superintendent.
 C. Spencer Kinney, M. D., First Assistant Physician.
 Daniel H. Arthur, A. M., M. D. Second Assistant Physician.
 Maurice C. Ashley, M. D. Assistant Physician.
 Clara Barrus, M. D. Woman Assistant Physician.
 Arthur Palen Powelson, M. D. Junior Physician.
 J. Richey Horner, A. M., M. D. Junior Physician.
 David E. Francisco, M. D. Interne.
 Clarence A. Potter, M. D. Interne.

The medical staff was reorganized under the civil service rules, and all promotions and appointments were made in accordance with the provisions of the law, and with the approval of the State Commission in Lunacy.

It is appropriate to remark, in this connection, that the superintendent, Dr. Talcott, has served this institution for more than twenty years; and it affords us pleasure to state that his administration has been characterized by great enthusiasm, a lofty fidelity to the cause of ministering to "minds diseased," and a profound and conscientious regard for the interests and welfare of the suffering sick confided to his charge. We congratulate him upon the honorable record he has made. We desire to publicly state our appreciation of his services, and venture to express the hope that his life and strength may be spared for useful work, in behalf of suffering humanity, for many years to come.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—GENERAL VIEW OF HOSPITAL FROM CALIFORNIA AVENUE.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—MAIN ENTRANCE GATES.



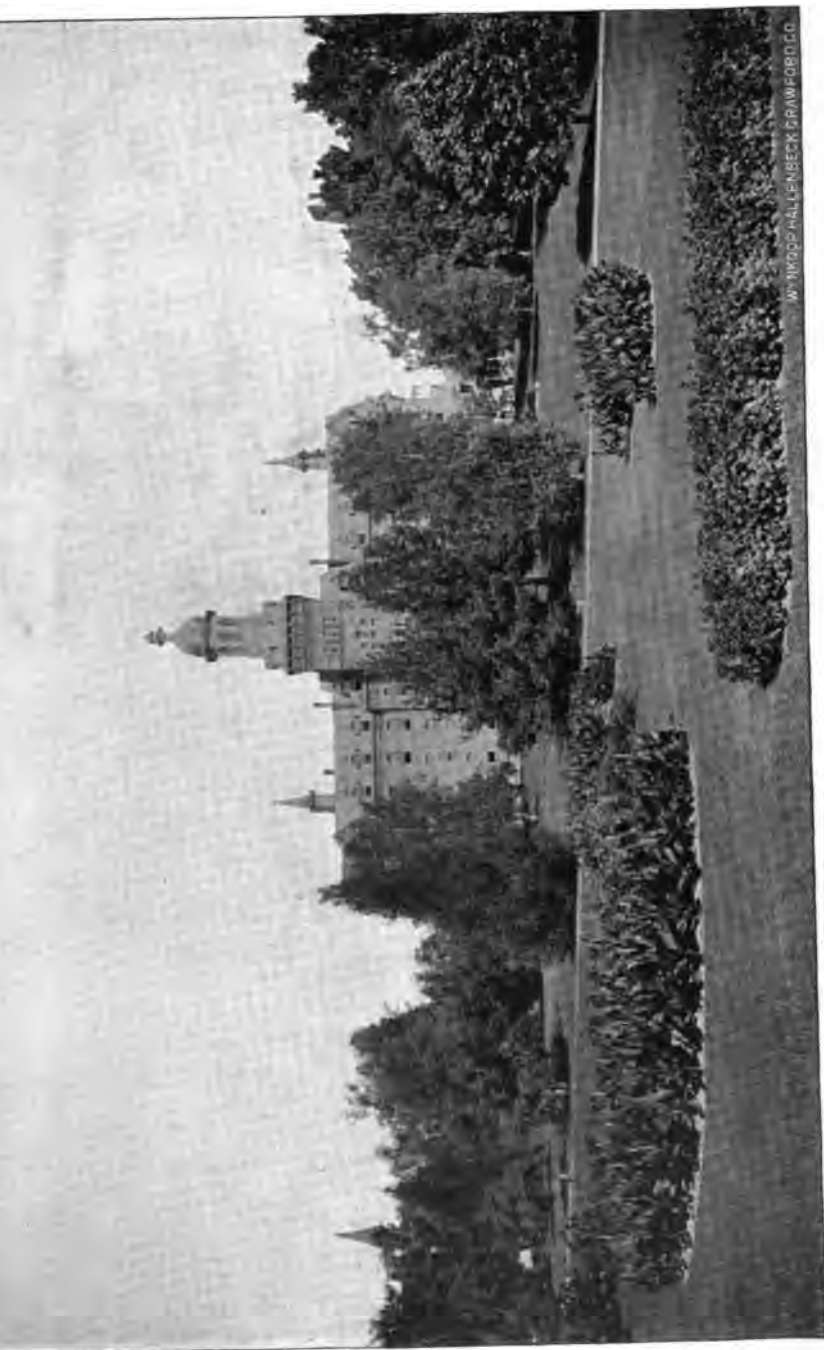


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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—MAIN DRIVEWAY.



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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—MAIN BUILDING AND PARK.





W. KNOOP HALL ENBECK CRAWFORD CO.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—SUN ROOMS AND MAIN BUILDING.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—PAVILION No. 2.

W. T. KOOPHALLENBECK, CRAWFORD CO.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—ANNEXES—NOS. 1 AND 2.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—MAIN HALL—PAVILION NO. 2.

MIDDLETOWN STATE HOSPITAL—Annual Report

CHANGES IN THE BOARD.

During the past year Dr. Timothy F. Allen, of New York, resigned in his resignation, and Hon. W. W. Snow, of Hillburn, was appointed to fill the vacancy. Also, John W. Slauson, Esq., of Middletown, was appointed to succeed George H. Decker, Esq., whose term had expired.

The following managers were reappointed: Uzal T. Hayes, Esq., of Middletown; Hon. John J. S. McCroskery, of Newburgh, and Hon. Grinnell Burt, of Warwick.

A full list of the present board of managers appears at the end of this report.

ACKNOWLEDGMENTS.

We desire to record our appreciation of the courtesies extended to us during the past year by the members of the State Commission in Lunacy. We also wish to express our thanks to all who have in any way contributed, by word or deed, to the success of our charitable enterprise, and to the prosperity of the hospital affairs. We especially desire to render our most earnest acknowledgments to the officers and employes of the institution for their fidelity to the trust imposed upon them, and for the enthusiasm they have manifested in the performance of their customary duties.

CONCLUSION.

We have made record of another year's work at this hospital, giving in detail an itemized account of the improvements effected. We feel that something has been accomplished in behalf of the work, although the means placed at our disposal have been, it seems to us, quite limited. We have also presented an account of those improvements which are most imperatively necessary, and which should all be made during the coming year. There are other items of improvement which might properly be inserted in this report, but we have tried to reduce the number of improvements and the amounts asked for to the lowest possible degree, in order to avoid any undue embarrassment of those who are authorized to make allotments of funds for the accomplish-

Middletown State Hospital—Annual Report

ment of the work in hand. We trust that our modesty in making suggestions will not be mistaken for indifference, or for any real lack of necessity. We feel certain that a rigid examination into the merits of each itemized request will disclose yet more fully the necessity for granting the same.

Respectfully submitted,

GRINNELL BURT,

President.

UZAL T. HAYES,
JOHN D. STIVERS,
C. MACARDELL,
JOHN McE. WETMORE,
HENRY L. SLOTE,
FREDERICK W. DEVOE,
JOHN J. S. McCROSKERY,
WM. K. STANSBURY,
JAMES B. CARSON,
EDWARD D. TOMPKINS.
JOHN W. SLAUSON,
W. W. SNOW.

Middletown State Hospital—Annual Report

TREASURER'S REPORT FOR THE YEAR ENDING
OCTOBER 1, 1897**Maintenance Fund.***Receipts.*

Balance on hand October 1, 1896.....	\$7,474 60
From State Treasury for maintenance	
on estimates Nos. 1 to 12, inclusive..	\$165,297 30
From private patients.....	52,417 30
From reimbursing patients.....	11,410 16
From all other sources.....	1,300 38

Total receipts during year.....	230,425 14
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\$237,899 74

Disbursements.

For officers' salaries.....	\$16,583 51
For wages.....	85,977 03
For provisions and stores.....	74,591 11
For ordinary repairs.....	6,056 10
For farm and grounds.....	4,733 98
For clothing.....	3,077 64
For furniture and bedding.....	7,548 23
For books and stationery.....	1,427 22
For fuel and light.....	18,965 90
For medical supplies.....	3,032 37
For miscellaneous expenses.....	8,287 06
For transportation of patients.....	1,511 91

Total disbursements during year

for maintenance.....	231,792 06
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Balance on hand October 1, 1897.....	\$6,107 68
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Special Funds, Appropriations, Laws of 1893 and 1894.*Receipts.*

Balance on hand October 1, 1896.....	\$323 70
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Middletown State Hospital—Annual Report .

Disbursements.

Vouchers paid during year.....	\$321 25
Balance on hand October 1, 1897.....	<u>\$2 45</u>

Special Funds.—Apportionments by State Commission in Lunacy for Extraordinary Improvements.*Receipts.*

From State Treasury, chapter 693, Laws of 1895.....	\$13,722 26
From State Treasury, chapter 944, Laws of 1896.....	3,321 83
From State Treasury, chapter 460, Laws of 1897.....	575 41
Total receipts for extraordinary improvements.	<u>\$17,619 50</u>

Disbursements.

Paid vouchers during the year, chap- ter 693, Laws of 1895.....	\$13,722 26
Paid vouchers during the year, chap- ter 944, Laws of 1896.....	3,321 83
Paid vouchers during the year, chap- ter 460, Laws of 1897.....	575 41
Total expenditures for extraordinary improve- ments.	<u>\$17,619 50</u>

Recapitulation.

Total balance on hand October 1, 1896.....	\$7,798 30
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Receipts.

Maintenance fund.	\$230,425 14
Special funds for extraordinary im- provements	17,619 50
Total receipts	<u>248,044 64</u>
Total	<u>\$255,842 94</u>

Middletown State Hospital—Annual Report*Disbursements.*

Maintenance fund	\$231,792 06
Special funds, Laws of 1893 and 1894..	321 25
Special funds for extraordinary im- provements	17,619 50
	<hr/>
Total disbursements	\$249,732 81
Balance on hand October 1, 1897.	6,110 13
	<hr/> <hr/>

Balances.

Maintenance fund	\$6,107 68
Laws of 1893 and 1894.	2 45
	<hr/>
Total	\$6,110 13
	<hr/> <hr/>

Respectfully submitted,

C. MACARDELL,

*Treasurer.***SUPERINTENDENT'S REPORT***To the Board of Managers:*

In compliance with legal requirements, and in response to a long-established custom, I herewith present to your honorable board another annual report of the State hospital which has been committed by you to my care.

This is the twenty-first annual report which I have had the honor of preparing and submitting to you for approval, and if it should meet with your approbation, I trust that you will kindly incorporate it as a part of your twenty-seventh annual report to the State Commission in Lunacy, and, through that body, to the State Legislature.

In the first place I present, for general information, a table showing the admissions and discharges of patients during the last fiscal year; also, there is presented a statement of the whole number treated, and the results attained through the combined efforts of all the workers at this institution.

Middletown State Hospital—Annual Report

TABLE No. 1.

Showing Movements of Population for the Year Ending September 30, 1897.

	Men.	Women.	Total.
Remaining October 1, 1896	571	590	1,161
Admitted during year ending September 30, 1897	108	123	231
On original commitments:			
From residences.....	101	115	216
By transfers from county houses.....	....	....	....
By transfers from other institutions for insane.....	7	8	15
Total number under treatment during year	679	713	1,392
Daily average population.....	591	602	1,193
Capacity of institution.....	536	518	1,054
Discharged during the year:			
As recovered.....	43	51	94
As improved.....	17	18	35
As unimproved.....	4	4	8
As not insane.....	3	....	3
Died.....	37	40	77
Whole number discharged during the year.	104	113	217
Remaining October 1, 1897.....	575	600	1,175

Admissions.—On account of the overcrowded condition of our wards, our admissions have been less during the past year than during any one of the preceding five or ten years. On account of our inability to receive acute patients from the community, aside from State patients, many cases, presumably curable, have been sent to private asylums. This is true with regard to rich patients, and also to those with very limited means. Such cases are sent to private asylums temporarily, and they are likely to remain there until they either recover or become chronic and incurable. If the latter condition prevails, and the funds of these persons are exhausted, then they are transferred as State

Middletown State Hospital—Annual Report

cases to a State hospital. These facts will, I think, account for a somewhat modified recovery list.

The nature of the cases admitted during the past year is somewhat similar to that of the patients received during the past five or six years. I think, however, that we may note a gradual increase in the admission of old, decrepit and hopeless cases—"the deaf, the blind, the lame, the palsied, the living dead in many shapes and forms." Is this due to a disposition on the part of the young and vigorous to get rid of their useless relatives? Or has it been brought about by an increase of confidence in the management of our State hospitals? These are problems which are somewhat difficult to solve. Perhaps in the entire cause of action there may be found a mingling *modicum* of each impulse. The majority of the young and vigorous, now-a-days, do not like to be burdened with the care of an antique and worn-out ancestry. There are so many alluring pleasures in modern life, that the monotony of caring for the aged and the sick is almost unendurable to some minds. The improved conditions of hospitals for the insane are so satisfactory that they offer attractive inducements to those who wish to be relieved from the responsibility of caring for the *debris* of the home circle.

We note a diminution of the percentage of acute mania in the number of those admitted, and an increase in the percentage of melancholia. Dr. T. S. Clouston, the distinguished physician-superintendent of the Royal Edinburgh Asylum for the Insane, Scotland, in his report for the year 1896, says, concerning the increase of cases of melancholia over those of mania: "I believe the explanation of this change of type of mental disease to be the influenza which first appeared in this country in 1890 and has never left it since." As far as our observation in this country extends, the primary effects of the grip have gradually disappeared, but they have left impressions upon the nervous system like those of a cyclone in a forest, or a sand-storm in the Desert of Sahara. The great nerve trunks are torn up, so to speak, and prostrated before the sweep of disease; and that, too,

Middletown State Hospital—Annual Report

beyond the power of help from every recuperative force. We find, also, that in many instances the finer filaments of the nervous system have been pelted by the grip into an abject condition of chronic and unrecoverable disease. The storm shocks that produce such pathological states in the most sensitive and delicate portions of the physical organization, establish likewise a condition of desolation, and ruin, and despair within the hitherto serene habitations of the human mind. Hence, the increase of cases of melancholia among those admitted to the hospital for treatment seems to be satisfactorily accounted for.

Discharges and deaths.—The leading factors in each year's results are recoveries and deaths. The following statement will show the number and percentages of recoveries and deaths for the past year:

Recoveries, 94.

On the whole number admitted	40.69
On the whole number discharged	43.31
On the whole number treated	6.73
On the daily average population.....	7.87

Deaths, 77.

On the whole number admitted	33.33
On the whole number discharged	35.48
On the whole number treated	5.53
On the daily average population.....	6.45

If an increase in the death rate is noticed, and a decrease in the recovery rate becomes apparent, then it will be proper to state that under the present *regime* nearly all of the insane sent to us for treatment remain here until they either recover or die. Inevitably our wards will become gradually crowded with a mass of chronic and incurable cases. These will figure in the annual estimates to the detriment of hopeful statistics, unless the results of treatment are based upon either admissions or discharges, and not upon the general aggregation.

Middletown State Hospital—Annual Report

It seems to me that a double classification might be formulated—one division to embrace all recent cases that have been admitted for treatment within two or three years, and in the other division might be placed all who have been under treatment for more than three years, and who are probably cases of incurable insanity, and for whom the result to be looked for is death.

But even if this double classification were to obtain, we might still have to explain the fact of an increased death rate and a diminished recovery rate by stating that chronic, incurable and gradually enfeebled cases are being constantly sent to us from the community—from the poorhouses, from general hospitals and from homes for the aged. In all these receptacles for suffering humanity there will develop, now and then, cases of insanity. Some of these patients are too old and too feeble to do much damage, but if they become restless and troublesome, and require a good deal of care, then the spirit of philanthropy suggests the removal of such decrepit demented to the wards of a State hospital. These wards often constitute the "last ditch" of the dying. That the State hospitals should be used as "half-way houses" from the home to the cemetery is a compliment to them, and evinces supreme confidence in their management in the hearts of friends; but such uses of these State institutions do not very thoroughly demonstrate the patience and perseverance of saintly friends, nor the tenacious adherence to the very last of undying affection. Love sometimes crumbles before the disintegrating effects of pathological conditions. We note this fact with sadness and humility, mingled with a possible apprehension. We never could quite understand why healthy and robust men and women sometimes consign their parents or other relatives to the care of strangers in a hospital, in preference to watching over them for a few nights longer at home. It is sometimes asserted that hospital attendants and nurses become impatient and irritable and unfeeling in the care of the sick; but in all our experiences we are forced to the conclusion that relatives have less of patient sympathy for their sick ones than the nurses who take

Middletown State Hospital—Annual Report

care of them after the members of the immediate family "all tired out." And yet I suppose this condition of affairs due largely to the weaknesses and limitations of poor human nature.

SUGGESTIONS RELATIVE TO GRIP SEQUELAE.

The almost universally prevailing conditions after the grip are physical prostration and mental depression. To prevent the continuance of the grip, even after the primary symptoms have subsided, and to thus ward off attacks of hopeless melancholia, patients should be, at the very outset of the disease and until the last vestige of it has departed from the system, favored by the following environments:

- (1.) Absolute, profound and long-continued rest in bed.
- (2.) Abundant hot liquid nourishment of the most stimulating and restoring nature.
- (3.) A warm and suitable temperature.
- (4.) Pure water, used profusely both internally and externally combined with such amounts of heat as may be required.
- (5.) Purification of the blood, and re-establishment of normal and active circulation throughout the entire body.
- (6.) Passive exercise by means of massage, oil rubs and alcohol and hot-water baths.
- (7.) Homeopathic medication scientifically and carefully applied.

We speak of these measures in this connection because we feel that it is a public duty to warn the careless to avoid unnecessary danger, and likewise to direct and aid the ignorant in the successful task of recovery from disease. To avoid grave sequelae, recovery should be thorough and complete.

Many means have been employed, after attacks of the grip, for restocking the depleted system with nervous energy, and the greatest of them all is rest. Rest is the antithesis of labor, toil and trouble. The great Healer of Genesareth announced this panacea for the primal curse when he extended this invitation to suffering humanity: "Come unto me, all ye that labor and

Middletown State Hospital—Annual Report

heavy laden, and I will give you rest." Those who are "heavy laden" with the burden of the grip need the benefits of protracted and all-consoling rest. Rest should be accepted at the outset of the disease, and throughout its subsequent effects, including attacks of melancholia; and it should be continued until recovery is satisfactorily and fully established.

In Holland and Germany and Russia, and in some parts of Scandinavia we understand that the rest treatment for depleted nervous invalids has come to prevail quite extensively during the past two or three years. Its application is now being advocated by some of the most distinguished alienists. This rest treatment has been applied at Middletown in the care of the insane for the past twenty years, and we note with pleasure that the system is at last being adopted in many places in the treatment of the sick.

Dr. Clarke Gapen, late superintendent of the Illinois Eastern Hospital for the Insane, at Kankakee, in his report for the year 1896, says: "As before stated, nearly every new case (of mania and melancholia and other forms of insanity) is given bed-treatment under nursing care for a month, more or less, according to circumstances. We have come to regard this as very important, for several reasons. First, it impresses the patient that he is looked upon as a sick man, and that he has not been committed to a prison, but has been sent to a hospital. Secondly, the opportunity to examine and study the case is much better. Third, the patient usually becomes quieter and gains in health and flesh."

It seems to me that the best and most available nourishment for greatly enfeebled constitutions and depleted nervous systems is prepared by mixing the following in a clean glass tumbler: Hot milk, one-half pint; Mellin's food, one tablespoonful; bovine, one teaspoonful; table salt, fifteen grains. By administering this preparation every three hours, from 6 a. m. till 9 p. m., the waning forces of life in the sick are most surely and speedily recuperated. If solid food is craved, rare beefsteak,

Middletown State Hospital—Annual Report

lamb chops, baked potatoes and toasted bread may be used to the extent of fully gratifying the appetite of the patient. After the strength is restored, then fruit may be given freely, for the purpose of keeping the blood pure and free from debris. The best fruit for nourishment of the brain is the apple. Slightly tart apples are to be preferred, and they should be fresh and thoroughly ripe before used. When the ancients felt the encroachments of old age, they went into the gardens of Hesperides and partook freely of apples. In this way their blood was cleansed, their brains were revived, and the disintegrating effects of age were most surely removed or delayed.

Under the effects of the grip, the patients become exceedingly sensitive to all changes in the atmosphere. Therefore, a warm and even temperature should be maintained in the sick-room, and this should be attained by passing pure air over hot steam coils after the most approved direct-indirect method of radiation. If an even temperature cannot be obtained at home, then the advantages of a hospital should be acquired.

Pure water should be used, without limit or stint, to the extent of producing absolute cleanliness of the patient and his surroundings, and also to the extent of removing the microbized accumulations of the excretory organs. Thus the dangers of slow blood-poisoning, by absorption of adventitious matter, may be averted.

It seems to me that a sure means for keeping the blood of the human being in a healthy condition is the surest possible method of warding off disease, or of driving it out in case it should find any lodgment in the human temple. The blood is purified and strengthened by the free use of pure water, and of healthy and appropriately cooked food. The digestion and assimilation of food and drink must be aided by the stimulus of bright, cheerful and inspiring surroundings. Everything that gratifies the vision, or pleases the taste, or stirs the soul to rapture, or helps to remove the burden of care from the human heart, is an aid to digestion, and a consequent aid to the purification of the human

Middletown State Hospital—Annual Report

blood. The science of correct living will only be reached when the means for making and circulating pure blood through each human system have been triumphantly attained. The task set for each drop of blood is the nourishment of the tissues throughout the system. This end can be accomplished only by the establishment and maintenance of an equable and normal circulation. This proper circulation can most surely be attained by suitable surroundings and environments. Every force that chills and disturbs should be avoided. Everything that conspires to produce normal healthy impulses of circulation should be acquired and maintained. Sometimes these ends can only be acquired by a complete and radical change of environment. The denizen by the sea must sometimes seek the inspirations of the mountain tops. The dweller upon the cliffs may be obliged to seek a renewed equilibrium of circulation, by subjecting himself to the soft, sweet, seductive influences of the ever-resounding sea.

After profound rest and all its possible benefits have been achieved, then passive exercise may be afforded to the patient. This may be given in the various forms of massage and Swedish movements, combined with oil rubs, and alcohol and hot water baths. Hot water (but not too hot), as a remedial agent, will be more appreciated in the future than in the past. It has immense Protean uses in disease, and it may lay claim to advantages over cold water in almost every particular except that of a final rinsing of the surface of the body at the close of each bath.

The change from rest to exercise, and the consequent return to customary toils and labors, should be directed by those who are wise in experience and acute and careful in observation.

I believe that the crying need of the present hour is a clearer perception of the devastations of the grip, and a steadier purpose and effort on the part of both physician and patient to overcome the inroads and devastating effects of this dread disorder. If the cases of grip were neglected or improperly cared for years ago, the attempt should still be made to recuperate from the ex-

Middletown State Hospital—Annual Report

haustions of this disease, and from previous improper and imperfect care.

Having resorted to all the means and measures herein suggested for the protection of the human body, for the removal of disease, and for the recuperation of the life forces, we should add to them the efficacious and resourceful power of drug medication. We present herewith a list of remedies which have worked happy and helpful results in relieving patients from the physical effects of the grip, and in reclaiming them from the depths of melancholia.

Alumina.—In Alumina we have a drug that directly affects the motor-nervous system, and is useful in paralytic conditions. Its specific action is upon the mucous membrane, in which it produces a condition of extreme dryness, and of irritation. It has been found useful in constipation from inactivity of the rectum. Dr. Boenninghausen reports a cure of four cases of progressive locomotor ataxia by the use of this drug. Mentally, there is anxiety, fear as if one had done something wrong; moods change without cause, and there is considerable apprehension. The patient is inclined to tremble, feels weak and tired; must lie down; takes cold easily; there is a tremulous lassitude; cannot walk with eyes closed.

Antimonium tartaricum.—This remedy acts upon the nerve centers at the base of the brain, and in the medulla oblongata; and also it acts upon the mucous membrane of the stomach, lungs and liver, at the same time affecting the pneumogastric nerve, and depressing the circulatory and respiratory systems. On the mucous membrane we have catarrhal inflammation, rapid waste of tissue, and a gathering of mucus in the chest, causing much rattling.

Mentally, we have apprehension and anxiety, delirium, restlessness and irritability, with a pale sunken face, dry lips, and tongue covered with a thick, white, pasty coat, red in streaks, very red and dry in the middle, difficult even to move the tongue. Respiration short, rapid and anxious; must be supported in a sitting posture in bed; better from coughing and expectoration;

MIDDLETOWN STATE HOSPITAL—ANNUAL REPORT

has to sit up in bed; great weakness and lassitude amounting to faintness; great prostration; sluggishness of the body; throbbing and pulsating in all the vessels of the body. The condition of the skin is that of thick pustular eruptions as large as a pea, simulating small-pox.

Apis Mellifica.—The key note of this drug is oedema. *Apis* acts upon the cellular tissues throughout the body, and upon the mucous membranes, kidneys and intestines, producing irritation, congestion, and mild inflammation of these organs. When there is a tired bruised feeling in the limbs, especially in the back after exertion, worse on rising or standing, with an oedematous condition of the extremities, accompanied by throbbing, stinging pains like bee stings, *Apis* works well. With this drug there is great sensitiveness to touch and pressure.

Mentally, we find there is loss of consciousness, fearfulness, irritability, with occasional outbreaks of piercing shrieks, and a condition suggestive of meningitis; head perspiring freely; boring head in pillow.

Argentum Nitricum.—In *argentum nitricum*, defective nutrition of the bones and periosteum is to be found. The nervous system is positively affected, and Dr. T. F. Allen says it is a most valuable remedy for mental distress resulting from brain fag, accompanied by general debility of the whole body. In the nervous system it may be found useful in convulsions followed by paralysis.

Arsenicum.—The preparation of arsenic has an action on almost every organ and tissue of the body. Acting, as it does, upon the blood and nervous system, its use has been very satisfactory in the treatment of anaemia. In all cases of gastro-enteritis, irritability, cachexic or dropsical conditions, and after the failure or abuse of quinine, it has been found of advantage. Arsenic has been found useful in the later stages of typhoid fever, where profound prostration and restlessness have been characteristic symptoms, and in all conditions characterized by great exhaustion and rapid sinking of the strength. In nervous affections, neuralgic headaches, chorea, and paralysis, especially

Middletown State Hospital—Annual Report

of the lower extremities, myelitis, and bad effects from tobacco chewing, abuse of quinine, iron or iodine, or poisoning from decayed or morbid animal matter by inhalation, inoculation, or from auto-intoxication, arsenicum has been found useful.

Arsenicum Iodatum.—While we believe that this drug has never been proven satisfactorily, yet it has been used with considerable benefit in scrofulous cases in which many arsenic symptoms were prominent, accompanied by catarrhal states, and enlarged lymphatic glands. Dr. T. F. Allen, in his "*Hand Book of Materia Medica*," says: "It seems probable that in iodide of arsenic we have found a remedy most closely allied to manifestations of tuberculosis. It will be indicated by a profound prostration, rapid irritable pulse, recurring fever and sweats, emaciation, tendency to diarrhœa, etc. It is especially valuable in non-tubercular phthisis."

Baptisia.—In Baptisia we have a remedy that seems to affect all the tissues of the body, the indication of which appears to be a condition of degeneration very similar to that of the wasting found in low forms of malarial and typhoid fever. Through the blood it affects the mucous membranes, muscles and intestines, together with the motor and sensory nerves, giving rise to sensations of great languor, with inclination to lie down; a tired, bruised, sick feeling in all parts of the body, and a feeling as if recovering from a severe illness; incapacity for active mental and physical exertion; ulceration of mucous membrane; fetid discharges and exhalation; face besotted, with sordes on lips and tongue; tongue brown in centre, edges red. This drug is also useful in diarrhœa accompanying typhoid and other low forms of fever. The mental states are confusion of mind, muttering delirium, and stupor.

Baryta Carbonicum.—This remedy is useful in cases suffering from a depressed condition of the cerebral and ganglionic nervous system, accompanied by loss of nerve control, both mental and physical, as found in cases of premature exhaustion. Here we have a patient who is irresponsible, weak in mind, poor in memory, and lacking in self-confidence. The skin is unhealthy,

Middletown State Hospital—Annual Report

with a tendency to dermatitis. This drug will be especially useful where there is any tendency to glandular trouble, especially tonsillitis, and to those who are very sensitive to cold water, who have had tonsillitis with a tendency to suppuration, malnutrition, weakness of memory, and mental sluggishness.

Belladonna.—In Belladonna congestive states are prominent, and a tendency to delirium, with delusions, hallucinations, and maniacal outbreaks, and insomnia with a general hyperaesthesia of both sensory and motor nerves. The condition of the skin in the belladonna patient is very indicative, it being red and hot—the smooth, shining red surface that is found in scarlet fever or non-vesicular erysipelas. The pulse of the belladonna patient is hard, full and bounding, and the pupils are dilated. The pains come on suddenly, and cease as suddenly. Convulsive seizures are liable to occur. Acuteness of all the senses, paralytic weakness, restlessness, a constant changing of position, and throbbing pains, accompanied by flushed face and dilated pupils, are the common indications for the employment of this drug.

Bryonia.—This remedy acts upon the serous membranes, motor nerves, pleurae, lungs, brain and liver. The characteristic symptoms are stinging, burning pains, aggravated by sound or motion; weakness and exhaustion; worse from walking; in the morning, on rising, painful pressure in the head; dropsical swellings; tendency to insomnia; worries about business. Bryonia is a very useful remedy when the tongue is thickly coated, with a dryness of the mouth and lips, and when there is constipation, with large, hard stools. It is especially useful when the muscles are swollen and sore to touch, as in acute rheumatism; and when the patient chafes and frets under the restrictions of disease.

Cactus grandiflorus.—This remedy acts upon the circular fibres of the heart, and is especially useful when there are grasping sensations of the heart, as if it were gripped by an iron hand. It will also be found useful in grip, when the heart is weak, and it is not deemed advisable to employ digitalis.

Middletown State Hospital—Annual Report

Calcareo carbonica.—In view of the peculiar action of this it is one of the most important in the materia medica. It acts primarily upon the vegetative system, exciting moderate functions of secretion and absorption. People with light hair, blue eyes, who are capable of little physical endurance, although possessed of large muscles, and who are naturally inclined to indolence; or those who are imperfectly nourished, and who have come into the world half-made up, and are living in constant danger of tuberculosis or rachitis, will find in calcareo carbonica an important remedy. Dr. Samuel Lilienthal usually speaks of it as a remedy in which laziness characterized the symptoms—once a symptom appeared it was too lazy to disappear.

Capsicum.—This remedy acts chiefly upon the mucous membranes, especially on the alimentary canal and the kidneys, producing considerable irritation. A prominent feature of the action is that of burning and smarting, as if cayenne pepper had been sprinkled upon the painful part.

Mentally, the patient is taciturn, obstinate, easily offended, with flushed cheeks, sleeplessness, hot feeling in fauces. The vital powers are exhausted and there is no power of reaction. Patient desires to keep quiet, and there is a sensation in all parts of the body as if it were going to sleep. Diarrhoea is accompanied by tenesmus, mucus mingled with blood, after stool, thirst, and shivering after taking a drink.

Carbo vegetabilis.—This remedy is important on account of its action upon the mucous membranes of the digestive tract, and of its use in cases of dyspepsia where there is an excessive accumulation of gas in the stomach and bowels.

The mental symptoms are those of indifference to every thing and a sluggishness of thought, accompanied by anxiety and depression, great debility and weakness, when the least effort is made. Sunken features, sallow complexion, typhoid symptoms, anaemia after summer complaints, pupils dilated, white skin, etc., are characteristics. Most symptoms disappear when walking

Middletown State Hospital—Annual Report

open air. This remedy has been found useful with old people and children after exhausting diseases.

Chamomilla.—Chamomilla becomes useful when there are general exhaustion and prostration, accompanied by excessive sensitiveness to pain and by peevishness and irritability. The patient is anxious, uneasy, fretting and moaning about trifles, with a peevish, whining and restlessness, satisfied with nothing, and possessing the belief that the pains are intolerable and cannot be endured. Dr. A. C. Cowperthwaite says: "Chamomilla is a leading remedy for fevers arising from local irritation—during dentition or from indigestible substances in the stomach or intestines, from worms, etc., or from liver disturbances; also diarrhœa or convulsions from the same causes, especially if the characteristic mental symptoms are present."

Cicuta.—The action of this drug is believed to resemble very closely that of *nux vomica*, with the important difference that in the latter the consciousness is not impaired, while in the former the functions of the brain are relaxed, and loss of consciousness is the result.

The mental symptoms are those of aberration of mind, singing, and grotesque speech, followed by dullness, stupidity and apathy.

Cimicifuga.—This remedy affects the brain, the spinal cord, and the entire nervous system. It is especially useful in rheumatism, neuralgic disturbances, and in diseases of the female generative organs; and it seems to increase the contractility of the unstriated muscular fibre of the uterus, but to a less degree than *ergot*. The heart beats are slow, and the arterial tension increased under *cimicifuga*. It causes congestion of the brain, creating vertigo, dilated pupils, and symptoms corresponding with those of *belladonna*, but less intense. The leading indications for the use of *cimicifuga* are an apprehensive, nervous, irritable state of mind, and a sensation as if the soul were enwrapped with dark clouds, together with a dull, heavy, aching feeling in the occiput during the afternoon and evening; worse in doors; better in the open air; aggravated by motion; accompanied by

Middletown State Hospital—Annual Report

a feeling of indifference, and no appetite or thirst. The pains of *cimicifuga* are rheumatic in their character, having a feeling of stiffness and retraction, with extreme sensitiveness to draughts.

Cinchona.—This drug acts upon the ganglionic nervous system, producing a condition very similar in character to that of a malarial fever. It changes the quality of the blood, causing anaemia, and it shows a marked affinity for the liver and spleen, producing hyperaemia in both these organs. The characteristic of cinchona is an exceedingly sensitive nervous system, with symptoms aggravated by the slightest touch, by motion, or by physical or mental effort, accompanied by prostration, without thirst or hunger. Cowperthwaite claims that in all diseases characterized by periodicity this drug is useful, especially in intermittent, remittent, bilious, gastric, and other fevers. In intermittent fever the three stages are well developed, and the paroxysms do not recur with the same clock-like regularity that they do in quinine. There is also a cachexia, when the pulse may be very slow, weak and anaemic. Frequently, cinchona has been found of use in dyspepsia, gastritis, and jaundice, and it is especially indicated where there is prostration through loss of fluids, whether through diarrhoea, sexual excesses, nocturnal emissions, previous menses, or any form of hemorrhage, accompanied by ringing in the ears, coldness and blindness; it is also of service in the general anaemia resulting from nursing.

Conium Maculatum.—Conium acts upon the motor nerve tract, especially the peripheral extremities of the nerves, and is adapted to diseases of old people, particularly old men. The mental symptoms are ill humor, moroseness, hypochondriac tendencies and indifference, inability to sustain any mental effort, a difficult comprehension, and a desire to be let alone.

Digitalis.—Digitalis acts upon the muscular substance of the heart and arteries through the pneumogastric vaso-motor nerves; it is especially useful in sudden attacks of cardiac failure and functional derangements of the heart, with slow intermittent pulse. The heart symptoms are the most prominent in digitalis,

Middletown State Hospital—Annual Report

although mentally there is great anxiety, with apprehensiveness, slow thought, and weakness of memory.

Ferrum et. strych. cit.—This combination of iron and strychnine has not been satisfactorily proved. It has been used, however, to advantage in cases where there is marked prostration, with a tendency to anaemia, accompanied by loss of appetite. The mind is confused and inclined to anxiety, and profound sluggishness of mental action. The skin of such patients is pale, with a tendency to become yellow.

Gelsemium.—Gelsemium is a remedy especially for acute conditions, although we find it very useful in congested conditions of the brain and cord, where there is a tendency to convulsions and paralysis, accompanied by general prostration of the entire muscular system, a condition frequently observed in grip. The mental condition is sluggish, the mucous membranes irritated and inflamed, and there is a cataleptic immobility, with dilated pupils and closed eyes, but with no absence of consciousness. Gelsemium is an important remedy in the treatment of neuralgia, paralysis, or the effects of paralysis, and is especially useful in occipital headaches when extending to the eyes, teeth and shoulders. There is a muscular soreness about the neck, blindness and dizziness. It is especially indicated when there is complete relaxation with prostration of the whole muscular system, and entire motor paralysis.

Hepar Sulphur.—The tendency of this drug to promote suppuration is so generally known that its efficacy in other directions is often overlooked. It is a valuable drug in the treatment of croupous inflammation of the respiratory tract, and of laryngitis and bronchitis when there is a sensation of a splinter in the throat, and a loose, rattling cough arising from exposure to dry, cold, west or northwest winds. A marked indication in the employment of this remedy is a great sensitiveness to cold air, with a tendency to perspire easily—a common post-grip state.

Hyoscyamus.—The marked feature of this drug is the high nervous excitement found in the patient and the increased acute-

Middletown State Hospital—Annual Report

ness of the senses. Its functional excitement is moderate, circulatory disturbances do not go on to inflammation, while cerebral manifestations resemble the delirium of typhoid fever, delirium tremens. This remedy has a marked effect upon motor nerves, producing paralysis, spasmodic affections of sin parts and convulsions. The mental symptoms are many, and extend from maniacal fury to complete unconsciousness. When spoken to, the patient answers rationally, but stupor or delirium soon return. He will not stay in bed, uncovers person, his will conversation and actions hinge on lasciviousness. The hyomamus patient is usually in a condition of "jolly delirium." This is a characteristic symptom.

Hypericum.—This remedy acts upon the cerebro-spinal system and is found useful in mechanical injuries of the spinal cord, of the nerves at their peripheral extremities, especially when accompanied by excruciating pains. It has been well termed "arnica of the nerves." The mental symptoms are: Great nervous prostration following injury, confusion, vertigo and heaviness of the head, with flashing stitches in the brain and throbbing in the vertex.

Ignatia.—Ignatia is one of the most valuable remedies in cases of mental depression. It acts upon the medulla oblongata and the spinal nervous system. A leading indication for the administration of ignatia is found in an acutely sensitive mood, with tendency to sadness or grief, and a continual brooding over imaginary troubles; weeps tears inwardly.

The mental symptoms are depression, apprehensiveness, anxiety and a changeable disposition. There is a peculiar incoherence in both the mental and physical symptoms found in the drug; at one time the patient is silent and moody, and again is laughing or crying; during fever, no thirst, and wants to be covered; during chill, thirsty, and does not want to be covered; sore throat, with the pain worse when not swallowing; toothache worse when not chewing; irritable cough, worse from coughing etc. Frequently the patient believes that some great crime

Middletown State Hospital—Annual Report

been committed by her; is irresolute and taciturn. The characteristic headache of ignatia is as if a nail were driven through the side of the head, relieved when lying on the painful side. Ailments arising from emotional strain and suppressed mental suffering, hysterical spasms in women or children, dyspepsia of nervous origin, with eructation and hiccough after eating, and desire for indigestible food, indicate this remedy.

Iodine.—This remedy acts especially upon the ganglionic nervous system, and through it upon the glandular and mucous tissues. The glandular action of iodine is centered upon the thyroid and mesenteric glands, and also upon the mammae, ovaries and testicles. Its action is most noticeable on the respiratory tract, and indication for its use is shown in rapid emaciation and an excessive nervous excitability, with throbbing headache, throbbing of the entire body and tremor of the heart, worse after immediately rising from seat or bed, and worse on motion.

Lilium tigrinum.—This remedy acts principally upon the female generative organs, and its characteristic symptom is a bearing-down sensation in the uterine region, as if everything were pressing out. The mental symptoms are those of depression of spirits and inclination to weep, timidity, apprehensiveness; the patient is tormented about her salvation, has a constant feeling as if duties were imperative, and of inability to perform the same. Pains are felt in small spots, shifting pains; ovaries sore on pressure, worse on right side, aching in right ovary. Accompanying these symptoms are reflex heart symptoms, pain, fluttering, palpitation, as if the heart were alternately grasped and relaxed.

Lycopodium.—Lycopodium acts well in cases of mal-nutrition; it works its effects upon the mucous membranes; on the respiratory, digestive and genito-urinary organs; on the skin; and especially upon the liver and digestive tract. It produces a disturbed digestion that is evidenced by excessive accumulation of abdominal flatulence. It is used to remove the bad effects which arise from eating too much sweets; indigestion from eating onions; from liquors, especially wine; and from smoking. It is

Middletown State Hospital—Annual Report

valuable in correcting the uric acid diathesis; and it affords relief in chronic cases having a characteristic digestive disturbance.

The mental symptoms are those of depression, anxiety, irritability, weak memory and confusion of thought.

Mercurius vivus.—Acting upon every tissue of the body, altering its functional power, both quantitatively and qualitatively, decomposing and destroying its organic constituents, increasing both secretion and absorption, and causing the secretions to lose their plasticity, and to become thinner and more fluid, this remedy resembles the effects of syphilitic poisoning. Its chief characteristic is an aggravation of all symptoms at night, and from the warmth of the bed.

The mental symptoms are those of weakness of memory, great anxiety, restlessness and apprehensiveness, especially in the evening or at night; answers questions slowly. The head symptoms are those of fullness, and a feeling as if the head were bound with a cord or band. The scalp is painful to touch, and there is a moist eruption on the scalp, and falling out of the hair.

Natrum mur.—This remedy has been used with marked success in diseases resulting from mal-nutrition; from badly treated cases of grip or of intermittent fever after quinine, and in cases occurring in damp regions, or where there is cold newly-turned ground. *Natrum muriaticum* is indicated when the chill takes place at 10, or 11 a. m.; when there is general anaemia with emaciation, and complete prostration of the vital forces, excessive irritability of the sexual instinct, and physical weakness. It is valuable in all catarrhs having secretions of transparent, watery, coarse, frothy mucous; and when there is a loss of taste and smell; when there is bronchitis with hoarseness in the morning, accompanied by mucus in larynx, and bursting pain in forehead.

Nux vomica.—*Nux vomica* acts upon the spinal cord, including the motor and sensory centers at the base of the brain and in the gray matter, and affecting chiefly that portion of the spinal tract which produces other reflex actions. It is so generally understood and used that an extended analysis is unnecessary.

Middletown State Hospital—Annual Report

The peculiarity of the remedy is its adaptation to the disorders of digestion arising from long continued errors in diet, or too much drugging in general, when occurring in persons of sedentary habits and brooding spirits.

Mentally, the patient is quarrelsome, ill-humored, stubborn, sensitive to external impressions, cannot tolerate noise, bright lights or odors; hypochondriacal, and snarling about everything; worse after eating, and in the morning; feeling better toward night; dizzy headache. Head symptoms are better in a warm room, when sitting quietly or lying down.

Phosphoric acid.—The general sphere and action of phosphoric acid upon the nervous system. Indications for the use of this drug are weakness of memory, apathy, apparent incapacity to think, and indisposition to talk; also a general sense of *malaise*, accompanied by the passing of large quantities of pale urine.

Phosphorus.—The action of phosphorus is extensive, embracing every tissue in the human body. Commencing with a general erethism, and continuing through congestion and inflammation, it eventually leads to fatty degeneration of the tissues of the heart, caries and necrosis of the bones, organic brain disease, and finally paralysis. There is a falling out of the hair, the roots seem dry; the face is pale, with red spots, or sunken, and earthy in appearance; one or the other of the cheeks is hot; the lips are dry and parched; stomach seems swollen; ravenous hunger, especially at night; feels faint. As soon as water becomes warm in the stomach it is thrown up; vomiting of food, of blood mingled with bile and mucus, of black substance like coffee grounds; pressure as from a hard substance above pit of stomach; great exhaustion after stool; diarrhoea, stools involuntary on the least motion; gray or whitish-gray stools, copious like water from a hydrant; constipation; faeces slender, long, dry, tough and hard, like a dog's; respiratory organs—hoarseness, cannot speak above a whisper; aphonia from talking too much; rawness in larynx, with frequent hacking cough; violent oppression in chest, as if everything about the chest were too

Middletown State Hospital—Annual Report

tight; soreness, tightness, difficult respiration; expectoration frothy; bloody, rust-colored, tenacious, purulent mucus; all symptoms worse when lying on left side. The general features of the drug may be found in great emaciation; small wounds bleed freely; great weakness and prostration of the whole system; nervous exhaustion, with general heaviness and dread of motion; muscular system lax; trembling pains tearing, drawing, tensive, excited by slightest chill; sleepy all day, restless at night, especially before midnight.

The mental symptoms are those of great apathy; very sluggish; disinclination to talk; answers slowly or not at all; indifference to everything; cannot keep the mind on anything; weakness in head; cannot endure the sound of a piano; sensation of coldness in cerebellum; shocks from mental strain.

This remedy will be found useful in threatened paralysis; retarded speech in children; bronchitis; chronic gastritis; acute yellow atrophy of the liver; in pneumonia after exudation has taken place, and it may be indicated in pneumonia whenever there is any return of typhoid symptoms. It is not indicated in the inflammatory stage of any disease, but follows well after aconite. It is frequently of use in controlling brain and lung symptoms following the grip.

Picric acid.—This remedy has not been thoroughly proven as yet, but so far as the proving has gone, it is found to cause, when taken in poisonous doses, a disintegration of the blood corpuscles, and degeneration of the cortex cerebri, cerebellum, medulla oblongata and spinal cord. It also produces inflammation of the kidneys, loading the urine with phosphates, urates and uric acid. Albumen and sugar are likewise found in the urine. In smaller doses there is at first slight congestion, which may be followed by fatigue or actual paralysis. Associated with this is mental incompetency, lack of will power, indifference to everything, and a desire to lie down and rest, thus simulating brain fog and neurasthenia, in which conditions its chief sphere of usefulness may be found.

Middletown State Hospital—Annual Report

Pulsatilla.—Pulsatilla acts primarily upon all the mucous membranes of the body; upon the sensory and motor nerves; upon the eyes and ears; upon the generative organs of both sexes; upon catarrhal difficulties, deranged digestion, and genito-urinary disturbances. The peculiarity of pulsatilla is that it is especially adapted for rheumatic inflammations and varicose veins when occurring in women who are of a yielding disposition, and inclined to weep easily.

The indications for the use of pulsatilla are a mild, gentle, timid, yielding disposition, with inclination to weep, frequently uneasy as if death were near, anxiety about slight things, peevish and capricious, morose, out of sorts with everything; head confused, with bruised pains, and hollow feeling in vertex; pains in forehead and both orbits, aggravated by raising the eyes.

Rhus toxicodendron.—This remedy acts upon the mucous membranes and lymphatic glands, the skin, the muscular tissues, and the tissues which compose the joints. The general effects of the drug, when proved, are those of debility, apprehension, weakness, soreness, especially when sitting or at rest; great restlessness and uneasiness; must constantly change position, especially at night; sensitiveness to cold, open air, or cold water, and to northeasterly winds; itching over the entire body, and a red rash, like measles, covering parts of the body; rheumatism.

Mentally, apprehensive and depressed, full of sad thoughts; desiring solitude, worse in the house, and relieved in the open air; anxiety with great restlessness, fullness and heaviness of the head, with pressing down, severe pain in the forehead; sensation as if the brain were loose when stooping or shaking the head, aching in occiput, which disappears on bending head forward or backward; delusions about being poisoned, with consequent apprehensiveness and worry.

Silicea.—This drug acts powerfully upon the vegetative system, affecting especially the organic substances of the body, and involving prominently the mucous surfaces, glandular structures, bones and joints. It is useful in paralysis, in paralytic weakness

Middletown State Hospital—Annual Report

arising from defective nutrition, in spinal irritation, in nervous effects following injuries to the spine, and in the results of fright or of shock.

The mental symptoms are a confused mind, restlessness, uneasiness, is very sensitive, tired of life, irritable, outraged conscience, worries about trifles, headache, scalp is very sensitive to touch, inclined to lie with head covered up. Children with large abdomens, weak ankles, who sweat easily, and who are imperfectly nourished, not from want of food but from imperfect assimilation, do well under this remedy.

Sulphur.—Sulphur is a most useful remedy for combined constitutional conditions. The indications calling for it are found in emaciation, great debility, trembling, weakness and prostration, with sensitiveness to the open air, taking cold easily, with an offensive perspiration; dislike on the part of the patient to be washed; difficult to get the patient clean; body offensive even after repeated bathing.

The mental mood is that of depression; peevish, irritable, quarrelsome, with a mental and physical indolence; anxiety and apprehension; indulging in philosophical speculation; mental distraction; cannot think, or fix the mind on any subject; headache is accompanied with great confusion, aching as if a band had been bound about the forehead; worse when stopping; pain in vertex as if a weight were on top of the brain.

TRAINING SCHOOL FOR NURSES.

In accordance with the requirements of the new Insanity Law, the superintendent of each State hospital is obliged to establish and conduct a training school for nurses. The object of this work is to afford the attendants an opportunity to acquire a thorough knowledge of their various duties through proper instructions, and while they are becoming skillful in their work upon the wards. The training school for nurses at this hospital was established in April, 1888, and classes have been graduated every year since with two exceptions.

Middletown State Hospital—Annual Report

At the present time, we require all attendants who receive employment here to listen to at least a part of the lectures, and to attend the recitations and quizzes whenever it is practicable for them to do so.

The course of instruction extends over a period of two years, and the lectures are given by the Superintendent, by all the members of the medical staff, by the matron, the supervisors, the internes, and the hospital chef.

The subjects of anatomy, physiology, mental and physical hygiene, sanitation, the construction of buildings, the commitment of the insane, and the personal care of mental invalids are all elucidated in the lectures and instructions; hence, at the completion of the course our graduates are fitted not only for a final examination by the State examiners, but likewise for the delicate and trying task of caring for all classes of mental and nervous invalids.

The "Text-book for Training Schools for Nurses," by Peter M. Wise, M. D., President of the State Commission in Lunacy, has been adopted. This work after a year's trial has proved to be eminently adapted for the instruction and guidance of those who wish to become trained nurses.

A "Manual on Psychology and Mental Diseases," by C. B. Burr, M. D., of Pontiac, Michigan, is also used by members of the training school.

The list of lecturers and instructors in our training school is as follows:

Selden H. Talcott, M. D.....	Superintendent.
O. Spencer Kinney, M. D.....	First assistant physician.
Daniel H. Arthur, M. D.....	Second assistant physician.
Maurice C. Ashley, M. D.....	Assistant physician.
Clara Barrus, M. D.....	Woman assistant physician.
Arthur Palen Powelson, M. D.....	Junior physician.
David E. Francisco, M. D.....	Junior physician.
Clarence A. Potter, M. D.....	Interne.

We present herewith a schedule of lectures which has been prepared for the season of 1897-8.

Middletown State Hospital—Annual Report

Friday, October 8th.

Introductory remarks:

- (1.) The physician's aid—the trained nurse;
 - (2.) Training necessary to the skillful and efficient care of the sick and insane;
 - (3.) Notes on the lectures—what to take, and what not to take.
 - (4.) Encouragements and discouragements. Dr. Talcott.
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Friday, October 15th.

Baths—Varieties and Methods of Administration. . . Dr. Kinney.

Friday, October 22d.

Emergencies Dr. Ashley.

Friday, October 29th.

Dressings and External Applications. Dr. Arthur.

Friday, November 5th.

Minor Surgery. Dr. Powelson.

Friday, November 12th.

Cleanliness and Its Relations to Health. Dr. Talcott.

Friday, November 19th.

Gynaecology, and Care of Cases (to women nurses only). Dr. Barrus.

Friday, November 26th.

Artificial Feeding Dr. Kinney.

Friday, December 3d.

Mechanical Appliances and Aids in Case of Injury. . Dr. Arthur.

Middletown State Hospital—Annual Report

Friday, December 10th.

Emergencies (continued).....Dr. Ashley.

Friday, December 17th.

Psychology, Normal Operations of Brain and Mind.. Dr. Talcott.

Intermission.

Friday, January 7th.

Obstetrics, and Duties of Obstetrical Nurse (to women
nurses only)Dr. Barrus.

Friday, January 14th.

MassageDr. Kinney.

Friday, January 21st.

Antiseptics and Disinfectants.....Dr. Powelson.

Friday, January 28th.

Enemas—Their Nature and Uses.....Dr. Kinney.

Friday, February 4th.

The Art of Applying the Bandage.....Dr. Arthur.

Friday, February 11th.

AnaestheticsDr. Ashley.

Intermission.

Friday, February 25th.

Sleepless and Restless Patients.....Dr. Talcott.

Friday, March 4th.

Infancy and Care of Sick Children.....Dr. Barrus.

Middletown State Hospital—Annual Report

Friday, March 11th.

Duties of Trained Nurse to Physician.....Dr. Kinney.

Friday, March 18th.

Psychopathy—The Nature and Treatment of Mental

DisordersDr. Talcott.

Friday, March 25th.

The Duties of the Trained Nurse to the Patient.....Dr. Kinney.

Course of Instruction.

Wednesday, October 13th, 3.30 p. m.

Recitation—The Skeleton (skeleton and manikin used):

(a) Bones; formation, number, form, names, position;

(b) Articulations; structure of joints.....Dr. Powelson.

Monday, October 18th, 10 a. m. to 12m.

Clinical Instructions (on wards)—Malformation...Medical Staff.

Wednesday, October 20th, 3.30 p. m.

Recitation—Muscles and Tendons: (a) Composition;

(b) Voluntary and involuntary; (c) Motions

produced by.....Dr. Powelson.

Monday, October 25th, 10 a. m. to 12 m.

Clinical Instruction (on wards)—Temperature and

Ventilation of Wards and Rooms.....Medical Staff.

Wednesday, October 27th, 3.30 p. m.

Recitation—Teeth, Skin, Nails and Hair.....Dr. Francisco.



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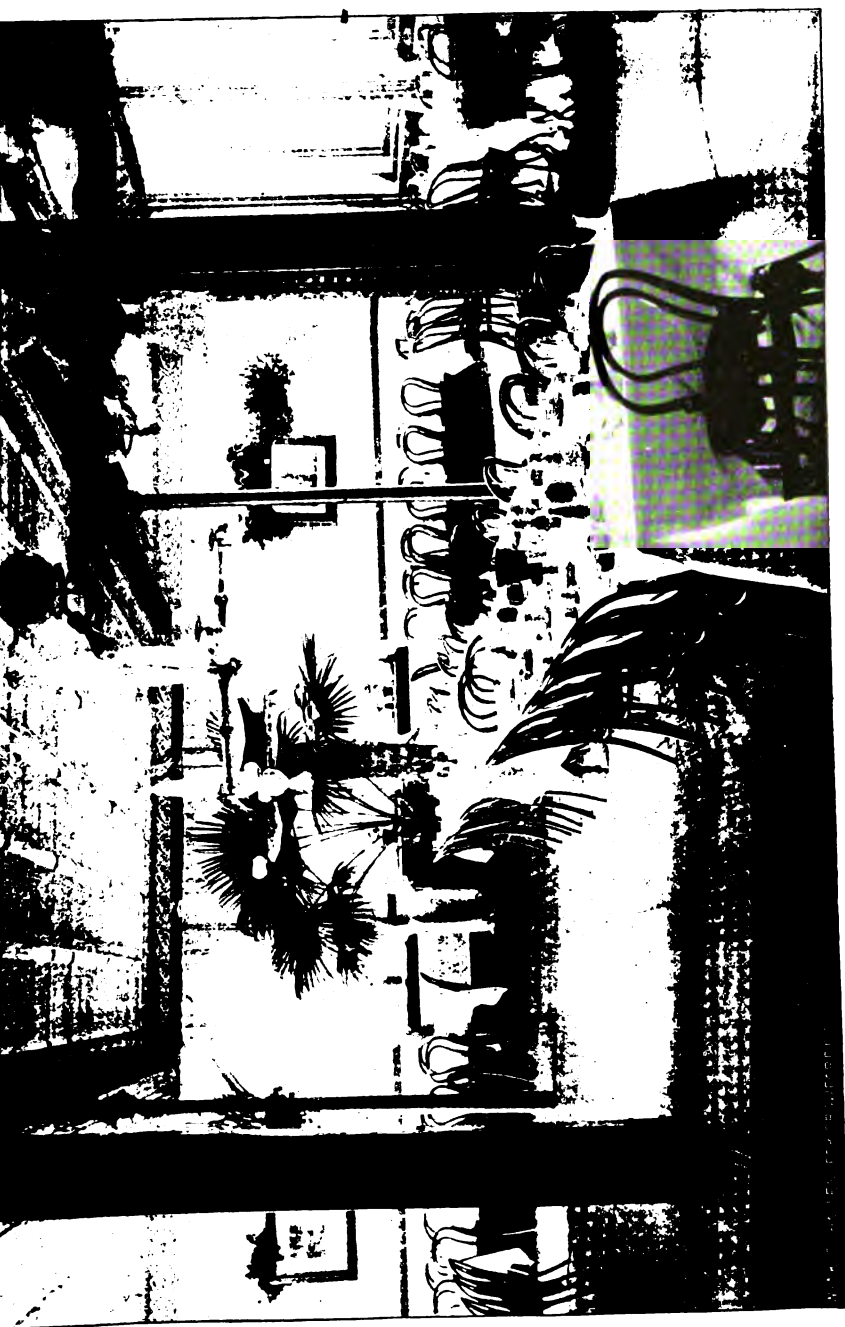
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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—DINING ROOM—ANNEX NO. 1.



MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—HOSPITAL FOR EPILEPTICS.





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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—ANNEX No. 2.





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Middletown State Hospital—Annual Report

Monday, November 1st, 10 a. m. to 12m.

Practical Instruction (on wards)—Care of Individual Patients; Pulse, Temperature and Respiration..Medical Staff.

Wednesday, November 3d, 3.30 p. m.

Lecture—The Blood: (a) Composition; (b) CirculationDr. Potter.

Monday, November 8th, 10 a. m. to 12 m.

Practical Instruction (on wards)—The Sick Bed, Correct and Incorrect Methods of Arrangement..Medical Staff.

Wednesday, November 10th, 3.30 p. m.

Lecture—The Lungs and Air Passages.....Dr. Potter.

Monday, November 15th, 10 a. m. to 12 m.

Practical Instruction (on wards)—Dust; composition and dangers.....Medical Staff.

Wednesday, November 17th, 3.30 p. m.

Lecture—Food; (a) Nutrition; (b) Preservation; (c) DigestibilityDr. Francisco.

Wednesday, March 23d, 3.30 p. m.

Lecture—Insanity; Causes, Forms; Care of Insane in Hospitals and Private Families.....Dr. Talcott.

Monday, November 22d, 10 a. m. to 12 m.

Practical Instruction (on wards)—The Hospital Table, and Serving of special Diet.....Medical Staff.

**Middletown State Hospital—Annual Report
Intermission.**

Monday, November 29th, 10 a. m. to 12 m.

Clinical Instruction—Observation on Excreta and
Bed Sores.....Medical Staff.

Wednesday, December 1st, 3.30 p. m.

Recitation—The Nervous System; The Brain and
Its UsesDr. Talcott.

Monday, December 6th, 10 a. m. to 12 m.

Clinical Instruction (on wards)—The Administra-
tion of Medicines, and the Feeding of Resistive
Cases; Means and Applicances.....Medical Staff.

Wednesday, December 8th, 1897.

Recitation—Special Senses: (a) Sight; (b) Hearing;
(c) Taste; (d) Smell, etc.....Dr. Barrus.

Monday, December 13th, 10 a. m. to 12m.

Clinical Instruction—The Care of Suicidal and
Maniacal PatientsMedical Staff.

Wednesday, December 15th, 3. 30 p. m.

Recitation—Bandages and Bandaging.....Dr. Arthur.

Intermission.

Monday, January 3d, 10 a. m. to 12m.

Clinical Instruction (on wards)—Signs of Death;
Care of the Dead.....Medical Staff.

Wednesday, January 5th, 3.30 p. m.

Recitation—Micro-Organism; Disinfectants and Anti-
septica.Dr. Kinney.

Middletown State Hospital—Annual Report

Monday, January 10th, 10 a. m. to 12m.

Clinical Instruction (on wards)—Disinfectants and
How Used Medical Staff.

Wednesday, January 12th, 3.30 p. m.

Recitation—Observation of Symptoms; Clinical Re-
cords Dr. Ashley.

Monday, January 17th, 10 a. m. to 12 m.

Clinical Instruction (on wards)—Observations on
Melancholia and Dementia..... Medical Staff.

Wednesday, January 19th, 3.30 p. m.

Recitation—Enemas—Preparation, Use; Supposi-
tories Dr. Barrus, Instructor for Women.
Dr. Francisco, Instructor for Men.

Monday, January 24th, 10 a. m. to 12 m.

Clinical Instruction (on wards)—Making and Giv-
ing of Enemas..... Medical Staff.

Wednesday, January 26th, 3.30 p. m.

Recitation — Local Applications; Fomentations;
Poultices Dr. Powelson.

Monday, January 31st, 10 a. m. to 12 m.

Clinical Instruction (on wards)— Dressings and
Fracture Appliances Medical Staff.

Wednesday, February 2d, 3.30 p. m.

Recitation—Fractures and Dislocations..... Dr. Ashley.

Middletown State Hospital—Annual Report**Monday, February 14, 10 a. m. to 12 m.**

**Clinical Instruction (on wards)—Preparation of
Fracture BedMedical Staff.**

Wednesday, February 16th, 3.30 p. m.

Recitation—Fevers and Inflammations.....Dr. Kinney.

Intermission.**Wednesday, February 23d, 3.30 p. m.**

Recitation — Wounds, Burns, Scalds and HaemorrhagesDr. Ashley.

Monday, February 28th, 10 a. m. to 12 m.

Clinical Instruction (on wards)—Accidents, Apparent Death, Artificial Respiration.....Medical Staff.

Wednesday, March 2d, 3.30 p. m.

Recitation — Surgical Operations and Surgical NursingDr. Francisco.

Monday, March 7th, 10 to 12 m.

Instruction—Observations on Bathing.....Medical Staff.

Wednesday, March 9th, 3.30 p. m.

Recitation—Poisons, Bites, Stings, Asphyxia.....Dr. Ashley.

Monday, March 14th, 10 a. m. to 12 m.

Clinical Instruction—Atmospheric Changes; Heat and LightMedical Staff.

Wednesday, March 16th, 3.30 p. m.

Recitation — Convulsions; Epileptic, Apoplectic, Coma, SyncopeDr. Arthur.

Middletown State Hospital—Annual Report**Monday March 21st, 10 a. m. to 12 m.****Clinical Instruction—Observations on Epilepsy on
Epileptic WardsMedical Staff.**

Monday, March 28th, 10 a. m. to 12 m.**Laws Governing the Commitment of the Insane to
Hospitals; Forms used (on wards).....Medical Staff.**

Wednesday, March 30th, 3.30 p. m.**Recitation—Children's Diseases; General Debility..Dr. Barrus.**

Monday, April 4th, 10 a. m. to 12 m.**Rules and Regulations, with Explanations.....Medical Staff.**

Wednesday, April 6th, 3.30 p. m.**Recitation — Gynaecological Nursing (for women
only)Dr. Barrus.**

Wednesday, April 13th, 3.30 p. m.**Recitation—Pregnancy, Signs and Changes; Prepa-
ration for Labor, Parturition (for women only)....Dr. Barrus.**

In addition to the foregoing, a course of instruction given by the supervisors, extending over the entire year, embraces the following subjects:

- (1.) Duties of nurse, attendant and employe to the hospital.
- (2.) Duties of nurse, attendant and employe to the patient.
- (3.) Duties of the nurses, attendants and employes to the officers, and to each other.

Supervisors—Mr. Wilber E. Cook, Mrs. Wilber E. Cook, Miss D. W. Comstock, Miss Irene Benjamin.

Illustrative talks on "Cookery for Invalids" will also be given by Mrs. Lucy T. Judson, the Matron, and by the Hospital Chef, as follows:

Middletown State Hospital—Annual Report

- (1.) Beef tea, methods of making.....Hospital Chef.
- (2.) How to prepare hot water, hot milk, and tea;
proper arrangement for invalid's tray.....Mrs. Judson.
- (3.) Mutton broth, mode of making.....Hospital Chef.
- (4.) Methods of making toast; also crust coffee.....Mrs. Judson.
- (5.) Chicken broth, preparation of.....Hospital Chef.
- (6.) Egg-nog; oatmeal and other gruels.....Mrs. Judson.
- (7.) Gruels; poached and scrambled eggs; broiled
chops and steaks; Hamburger steak; bills
of fare.....Hospital Chef and Mrs. Judson.
- (8.) Review of past lessons; and how to make tapioca
cream, corn starch custard, and a cup of cocoa,
Mrs. Judson.

The following is a list of last year's graduates who now rank under the ruling of the State Commission in Lunacy as trained nurses:

Agnes Gray.
Hattie L. Milligan.
Mary Redding.
John Fuess.
Luke Radigan.
Henry J. Tolhurst.

BOOKS AND MAGAZINES.

During the past year, through the kindness of the State Commission in Lunacy, we have been enabled to add to our patients' library one hundred and fifteen new books.

Our patients also receive the leading monthly and weekly periodicals, which are distributed according to the following plan:

Scribner's and Outlook start on Ward 1.
McClure's and Literary World start on Ward 2.
Chautauquan and Munsey's start on Ward 4.
Ladies' Home Journal starts on Ward 6.
Life and Cosmopolitan start on Ward 11.
Century and Critic start on Ward 15.
Harper's starts on Ward 16.

Middletown State Hospital—Annual Report

Atlantic and Forum start on Ward 17.

Outing and Public Opinion start on Ward 19.

Leslie's Weekly starts on Ward 21.

Review of Reviews starts on Ward 25.

Harper's Weekly starts on Ward 26.

New England Magazine starts on Ward 28.

The magazines are kept one week on each of the wards on the list, and passed on each Monday to the one next on the list. After they have made the entire rounds they are sent on the wards not on the list, for distribution among the more destructive patients.

SPORTS AND TASKS FOR THE INSANE.

For the purpose of stimulating to healthful action the ultimate nerve cells in the brains of our patients, we have formulated and arranged the following for those who are devotees of Momus:

(2.) Diversions on the wards, such as chess, cards, crokinole, checkers, backgammon, dominoes, halma, dice, billiards and pool.

(b) The patients who can enjoy them are treated to music and dancing in the Amusement Hall every Monday evening from September through each autumn, winter and spring, and on to July.

During the past year the following entertainments have been given, in addition to the weekly dance:

Legerdemain, Prof. Ransom.

Reading, Mrs. Helen Stuart-Richings.

Minstrels, State Hospital Co.

Instrumental Concert, Prof. Berg's Orchestra.

Lillian Ackerstrom's Comedy Co.

"Ladies Club," Burlesque Co.

"Fanchon, The Cricket," (comedy).

Impersonations, Warren G. Richards.

Animotoscope and Phonograph, Edison's.

Ariel Grilley Combination of Boston.

Thanksgiving Reception.

Musical and Literary Entertainment.

Christmas Reception.

Middletown State Hospital—Annual Report

Concert, Instrumental.

Ladies Minstrel Co.

Readings and Recitations, Prof. Bradford Williams.

Band Concert, 24th Separate Co.

Jubilee Singers.

Al. G. Fields Minstrel Company and Band.

London Gaiety Girls.

Soto Sunataro, Japanese Wonder Worker.

Sleigh Rides.

Washington's Birthday Reception.

Edison's Projectoscope.

Temple Quartette from Boston.

Lecture on Art.

"Coon Hollow Specialty Company" and Band.

Franklyn Hart, Elocution, Songs, etc.

Profs. Ransom and Durand, Specialties, Magic.

Y. M. C. A. Gymnasium Class.

Prof. Little, Chalk and Crayon Artist.

Concert, Pioneer Band.

Prof. Krigier and Mr. De Forrest, Magic, Monologue.

"Kate Greenaway" Concert Co.

Circus, Forepaugh's.

Schubert Club Concert.

Cred Niblo and Musical Magnets.

Carrie Wyman Comedy Co.

Vaudeville, seven performers.

Vaudeville, six performers.

Cottage Comedy Co.

Trolley Rides.

Vaudeville Co., seven persons.

Hunting's Circus.

Vaudeville Co., nine performers.

Canine and Equine Circus on ball ground.

Town Topics Co.

Variety company.

Band concert, Twenty-fourth Separate Co. band.

Middletown State Hospital—Annual Report

Concerts, State Hospital Quartette.

Trolley ride and visit to Orange County Fair.

Farce.—“Lend Me Five Shillings,” Amateur Dramatic Club.

Cottage Theater Vaudeville Co., six performers.

Nine games of baseball.

Football game on hospital grounds, between Middletown and Goshen, for the championship of Orange county.

The patients in the hospital wards who could not visit the Amusement Hall have been favored with gramophone concerts, magic lantern entertainments, singing by the hospital quartette, and with music from pianos, melodeons and the “Regina” music box.

(c) When the weather is pleasant or passable, our patients indulge in outdoor sports and amusements, such as the American game of baseball, and lawn tennis, and croquet, and bicycling. They are likewise permitted to indulge in long walks every day when they are strong enough to do so. Occasionally there are fishing parties and trolley excursions. In the winter time, when there is snow enough on the ground, the patients are afforded the intense and exhilarating sport of sleigh-riding over the grounds, and through the streets of the city, and upon the roads of the surrounding country.

(d) When the minds of our patients have been sufficiently diverted by amusements of various kinds, both indoor and out, and when bodily strength has been regained to such an extent that there comes a natural appetite for occupation or toil, then we should furnish it to all who are thus fitted for such duty. The labors of the insane should be restricted to the limit of actual personal benefit. The question of profit in occupation should hardly be considered by those who are caring for and trying to cure the insane. While it is true that many of the patients have been maintained at the expense of the State for years, it is also true that the philanthropic spirit which inspired the erection and maintenance of State hospitals did not contemplate labor for the insane to the extent of securing profit thereby. More than this, it would be an injustice to the sane and healthy in the community

Middletown State Hospital—Annual Report

to compel the sick to do work which might more wisely and more profitably be accorded to the sound-headed and industrious workers in the State. Labor in general should be so imposed as to secure the best possible results to the citizens of the entire commonwealth. Many a man would be saved from insanity if he could have labor, with appropriate compensation, furnished him at the right time. During the hard times of the past three or four years a good many have become insane from lack of proper occupation. The sane and the needy should be furnished with toil, while those who have been swept down by insanity should be protected, to a large extent, from the impositions of the primal curse. The profitable labor of manufacturing clothes, hats, boots, brushes and furniture might better be left to the hands of the sane who are still living outside of hospital walls. It is true, we believe, that the insane may be furnished with healthful, agreeable, light and non-profitable occupation. They may assist in caring for and beautifying the wards. These wards should be kept scrupulously clean, both for sanitary purposes and for appearance's sake. It would be almost impossible for the State to hire help enough to keep a piano polish upon every bit of wood-work in every ward of every State hospital, but convalescent patients may engage in the light work of polishing without any severe strain upon either body or mind. The insane may assist in the work of preparing and serving food; they may also aid in the important work of washing and ironing, and folding and packing clothes in the laundry; they may likewise lend a helping hand in making light repairs throughout the institution, under the direction of the engineer and the carpenter; they may engage in healthful open-air toil in the garden, and on the farm and in the floral department. A great deal of light and tasty work may be accomplished by women in the line of crocheting and sewing and fancy embroidery. If hard work is to be done in the way of procuring for the inhabitants of our State hospitals suitable clothing, and beds and bedding and furniture, this hard work should be performed entirely by those who have committed

Middletown State Hospital—Annual Report

crime, and who have been sentenced to hard labor in our State prisons. The work of convicts should be hand work, and of such a character as to interfere as little as possible with the opportunities for labor and sustenance of sane and innocent citizens in the community at large. The wards of our State hospitals might be decorated with fancy scroll work, and other fine hand work, such as may readily be secured by properly teaching young criminals to engage in such skilled toil. The results of their handiwork should be sent from the prisons to the hospitals.

I believe it would be better, both for the insane and for the criminal, to practice gymnastics and to exercise in soldierly evolutions with wooden guns than to engage in such labors as would compete with the toils of the workingmen throughout the State, and to the disadvantage of the latter. Many of the insane, and likewise many convicts in our prisons are of the degenerate and imperfect class, and they should be treated to such tasks and such occupations as will most surely stimulate their brains to a healthful activity, and their minds to a hopeful outlook, and their bodies to a normal and thoroughly developed condition.

When a suitable and comprehensive subdivision of labor has been finally made by statesmanlike, and judicious, and patriotic political economists, then the workingman will have the fullest opportunity to secure satisfactory and paying employment, the criminal will be compelled to expiate his crimes by the performance of hard and disagreeable tasks which cannot be properly relegated to any other class, and the sick insane will enjoy the golden opportunities of rest and occupation in such proportions and under such conditions as may tend most surely to ameliorate and relieve their sad condition. Give to the honest and sane laborer his just due; give to the criminal that which his crimes deserve, yet looking always even to his betterment; and give to the sick in body and despairing in mind such recreations and such exercises as shall tend to make human bodies straight, erect and elastic. We should avoid consigning our patients to tasks that bend down their bodies, and cramp the muscles of every

Middletown State Hospital—Annual Report

limb, and contract the lungs or fill them with unhealthy dust, and strain or injure the eyes. Only invigorating and stimulating exercises or tasks should be allotted to the insane.

In conclusion, we should establish actual hospital methods for the insane, just as we do for those who are sick with any other disease or infirmity. The insane are sick people, and should be treated as such. Let us have more nurses and fewer attendants; let us have more nursing and less driving to toilsome and uncongenial tasks. Let us have more hospital wards, and fewer workshops. Let the worn and weary rest on easy beds, instead of moiling in the meshes of manual efforts. Let the sick have baths that are recuperative to shattered nerves, accompanied with rest and freedom from dirt. Let the patients play if they wish, or recline in easy attitudes under the shade of wide-spreading trees. Let them be lazy if they like, and bathe their souls in the Lethe of forgetfulness of every task until, recuperated and revived by a long vacation of rest, they seek once more to engage in the pleasurable pursuits of self-chosen occupations.

IMBECILITY.

The people are entitled to the benefit of all the experiences gained by medical workers and observers in those great public hospitals which are devoted to the care and treatment of the insane; therefore, we shall write, briefly, in this report of an interesting yet unfortunate class known as Imbeciles.

In almost every ward of our public hospitals for mental invalids there may be seen cases of active insanity that have been developed from a foundation of imbecility, or weakness from arrested growth. It is possible that through an enlightened knowledge of the deep-seated causes of mental weakness, there may come a purpose and power to prevent such imperfections and degenerations. Consequently, we shall now consider some of the conditions, and causes, and phases of imbecility, in the hope that we may be led to certain deductions and conclusions which will prove of benefit to those who are striving for the improvement of the human race.

Middletown State Hospital—Annual Report

Imbeciles are the victims of arrested mental development. Oftentimes they have a fair physical growth, but the intellectual and physical fibres of the being are weak and flabby.

Imbeciles stand as an intermediate class between the mental incapacity of idiocy on the one hand, and the mental failure known as dementia on the other. Those who lack cerebral development, and are consequently incapable of mental action, are called idiots; those who have been favored with a partial growth but whose development has been arrested previous to or about the age of puberty, are called imbeciles; while those whose mental powers have ripened to a fair average degree, and who have, subsequent to maturity, lost the power of mental action, are said to be cases of dementia.

Idiocy is a congenital lack of brain power, and a consequent inability to give expression to mental activity or coherent intelligence. Imbecility, as already stated, is a condition of arrested mental development. Dementia is a state of mental failure, and is a result of brain disease following the maturity of physical and mental powers.

The idiot cannot be cured of his inability, and the dement is often past the grace of prayer or works, and therefore it is practically a waste of time and energy to seek a remedy for such cases; but we believe that for the victims of arrested development there is a possibility of help, in some instances at least.

Conditions.—Imbecility represents a state of protracted childishness. It is a sign of arrested growth during the most sensitive and pliable of all the impressionable periods of life. It is a slow but steady imprisonment of prospective powers within the chrysalis of youth. It is a stunting of those life forces which were originally designed for perpetual progress. It is an environment which, like a Chinese wall, shuts in the afflicted adolescent from many golden opportunities. It is a benumbing of the understanding, a deadening blow upon the forces of wisdom, and judgment, and will. Imbecility enwraps the mentality of the patient with the swaddling clothes of childish and immature

Middletown State Hospital—Annual Report

thoughts, just as the spiced vestments of the mummy environ and encompass those bodies which were once instinct with human life. Unlike the mummy, however, the imbecile is sometimes aware of his constricting environments to a limited extent. Such a person may lament his condition, yet feel unable to throw off the Lilliputian and gossamer bands by which he is held. Unless he is aided by wise and discreet friends in the avoidance of that which is injurious, and the acquirement of that which may be useful and satisfying, he is practically powerless in the bonds of an untimely and blighting disease.

Imbeciles are sometimes sensitive, and they often feel with inexpressible keenness a sad and dismal disappointment in their failure to attain desired ends. Imbecility, unless relieved, becomes at last a symbol of blasted hopes, of broken plans, and a ruined life. Such are the general conditions which prevail among those who are consigned to the thronged ranks of imbecility.

Causes of imbecility.—Among the prominent causes which tend to produce conditions of arrested development in the young, we may note:

(1.) Shocks upon the nervous system produced by acute and severe diseases, such as scarletina, typhoid fever, measles, rheumatism, consumption, and syphilis.

(2.) Shocks from premature, and sometimes unnatural sexual excesses.

(3.) Shocks from religious excitement, or sudden or overpowering convictions and fears concerning the issues of time and eternity.

(4.) Shocks from bodily losses, such as hemorrhages and accidents to the head which produce injury of the brain, and sometimes slow pathological changes.

(5.) Shocks of worry and overwear, such as children experience while undergoing excessive mental strain in school, or physical strain in the factory or on the farm.

(6.) Shocks from disappointment in ambition to become great and wealthy.

Middletown State Hospital—Annual Report

(7.) Shocks from inability to realize æsthetic, artistic, or musical ideals.

In recapitulation, we may safely assert that the causes of imbecility are summed up as embracing everything which tends to shock, or stun, or stultify, or wreck the budding powers of growing and sensitive youth. But back of all personal experiences lie those subtle influences which are transmitted to helpless offspring from sire to son even "unto the third and fourth generation." "As the twig is bent, the tree's inclined." As the forces of generation are weak and erratic, so will the product be. According to the sins of the parents are the degenerations and diseases of the children, both physical and mental. Mal-environment and mal-propulsion are the factors which often determine the goal to be arrived at by human beings. Hence, it is the duty of the State and of the citizen to prevent, as far as possible, the actualities of a diseased heredity. The world cannot improve very fast unless restraints are put upon mal-production, mal-environment and mal-education.

In the history of human life we find that children are subject almost universally to epidemic, infectious, or contagious diseases. These diseases poison the blood, waste the strength and impair the tone and energy of the nervous system. Many children are elastic, and rally rapidly and effectively from these various diseases. Others are naturally weak, and cumbered with non-recuperative powers. The great cause of physical and mental decline among children after severe diseases lies, we believe, in the fact that they only partially recover from disease before they are either sent to school, or compelled to work in shops and factories, or are exposed to the devastating influences of bad air and improper food at home. When complete recovery fails to ensue after disease, through the carelessness of doctors or the neglect of parents, there comes the danger of arrested development.

Between the ages of twelve and fifteen years, the child develops a greater or less degree of sexual maturity. The human

Middletown State Hospital—Annual Report

being in early puberty becomes charged with the electric power of reproduction. This power is a normal exhibition of the forces and resources of nature. It should be held in abeyance until it is needed for purposes of reproduction, but the mighty energy of youth must be wisely conserved. By proper toil and exercise under the direction of good teachers, the system of the boy or girl is freed from all redundant exuberance of vitality. To prevent over-use, and exhaustion, and the danger of imbecility, the child needs the protection and guidance of heavenly wisdom and of religious precept. This great task of directing the energies of youth should be properly performed.

It may seem almost a sacrilege to some misguided enthusiasts to claim, just here, that an overzealous consideration of religious matters in early life is a sufficient cause for the production of imbecility in many cases. It is not the fault of religion that its precepts are sometimes presented to the young in such a manner as to shock the sensibilities, to inspire apprehensions, and to instigate doubts and fears and worriments in the untrained hearts and minds of youth. The blessed restraints of religion cannot be too highly appreciated, but the application of religious truth should be made in a simple, direct, clear and benign manner; otherwise the injury of profound shock, induced by fears of the future, may cause the budding powers of the young to wither before the fell influence of misguided and bigoted religious zeal. The proper application of religion tends to the binding back and holding in timely restraint of all those evil forces which have been inherent since the first sin. We should recognize not only the saving power of religion to preserve us from temptation in this world, but also we should accept unreservedly its inspiring and faith-producing consolations concerning the future. But the shock of fear should not be permitted to unnecessarily blight the forces of growing youth; nor should the agony of remorse for past sins be allowed to produce worry by day and insomnia by night until physical and mental development is effectually arrested. Religion, when taught to the young, should be pre-

Middletown State Hospital—Annual Report

sented in the form of the new commandment, and as a glorious inspiration to do good and to be good.

The human being is subject to accidents and injuries, such as the fracture of bones, the bruising of muscular tissues, concussions of the brain, and hemorrhages from severed or ruptured blood vessels. All these external injuries are likely to produce shocks which may affect the nervous system seriously, and cause a partial or complete check in growth.

While sudden physical accidents are more palpable in appearance than the overwear of worry while at work, either in school or at manual toil, yet we must recognize this worry as among the leading causes of imbecility. Anxious worry while body and brain are immature is frequently unnoticed until a deep-seated and long-continued damage has occurred. Young boys or young girls may toil in school, and try, under disadvantages, to keep up with those who are more favored, and, meeting, with partial failure, they worry over their inability to cope with the stronger ones until at last they break down, and the trouble culminates in a fainting fit or a fever, and a consequent check in mental development.

Imbeciles are oftentimes the victims of unwise ambition, and of day-dreaming, and of pleasure-chasing. Many of these cases

“Seek painted trifles and fantastic toys,
And eagerly pursue imaginary joys.”

Again, some of them rashly aspire to the highest peaks of human attainment when they are in point of fact only fitted for the humblest shades in the lowest valleys. They think themselves to be wonders and prodigies when they are only mildly mediocre in mental ability. After indulging profusely in the dreams of ambition, they sometimes have a revelation of their own inability, and thus they suffer a shock which results in that checked growth which is the characteristic feature of imbecility.

The followers of fashion and those who chase the butterfly of pleasure are far more apt to sink into a shade of dudish imbe-

Middletown State Hospital—Annual Report

cility than are the steady, sober, industrious, ambitious "toilers of the deep." Those sap-wood children of an inherited wealth, who have been exposed only to the enervating influences of tropical surroundings, break down easily under adverse conditions, while the children of poverty, like the mountain ash, flourish and grow strong in a chilling environment, and even while being trampled upon by hordes of selfishness.

It sometimes happens that weaklings, who are treading upon dangerous ground during the period of proper development, are afflicted with aesthetic tastes and artistic impulses which they are unable to gratify or satisfy. The longings of the aesthetic soul for the unattainable are sometimes suddenly and rudely terminated by the demand of the stomach for the staff of life. This conflict between that which is desired by the soul, and that which must be had to sustain the life of the body, is often ended by a shock, a depression, an arrest of normal and co-ordinate growth of body, brain and mind.

To these palpable causes of imbecility, we may add a lack of personal discipline which is essential to human happiness, and to mental poise. The hordes of the untrained constitute the largest masses of mankind. We see evidences of this fact in the mutterings of socialists and nihilists, and in the reckless uprisings of the anarchists and the mob. Much of the discontent of men and women is caused from a lack of discipline, and a loose, wild, untrained, half-formed opinion of the appropriate relations of men to each other. Discontent is a natural evolution of the minds of those who have suffered, through lack of discipline and care, the shock which produces imbecility. Nothing so benumbs the human faculties as a sense of inability to cope with the world; to perform its required duties, to assume its responsibilities, and to reap its rewards. Nothing more surely produces human discontent than that imbecility which follows a lack of that early discipline which is essential to rugged and substantial growth.

Again, the youthful mind is sometimes afflicted by evil tempers drawn from the parents, or greed and selfishness which may

Middletown State Hospital—Annual Report

spring from the same source; and all these sinful passions and emotions tend to break down the tender shoots of implanted purpose, even as the forces of the gale sweep to earth the unripe wheat in the field, thus destroying the prospects of a harvest. These passions are let loose oftentimes in the minds of the children by the unbridled fury of wretched parents. The bad effects of such passions are increased by mal-education, by evil communications, and by sinful associates. Every emotion that is not a stimulus which excites a love for the true, the beautiful and the good, is an emotion that depletes, depresses, degrades and destroys. Every passion that is not an impulsion toward the goal of right, is an inevitable incubus that drags down, and impels toward that which is wrong. The vice of greed is the culminating disobedience of that ancient law, "Thou shalt not covet." Selfishness is the degrading exemplar of the fact that an evil spirit still holds possession of many hearts. Evil tempers are like destructive acids; they burn, corrode, disfigure, disintegrate, and destroy that which is finest and best in the human being. In many cases of imbecility there may be found, upon close inspection, the wasting effects of evil tempers and evil passions which have been unrestrained and unguided by discipline or by direction during the developing days of youth. The blight of temper and the hot simoom of passion not only destroy the growth of the nobler powers of the mind, but they end in malarious epidemics of pyromania, and of homicidal mania. Oftentimes we find in imbeciles sudden impulses to burn or destroy that which is valuable; and also to kill or maim without conscience or scruple their fellow-beings. Many of the murders which seem to be committed without a fully-designed purpose or sufficient motive are, we believe, the result of diseased states of mind in those who are given over to the baleful and resistless impulses of untrained temper and unbridled passion.

Imbeciles are often the victims of ill-directed purposes. The prevailing mental state of the average imbecile is that in which a lack of purpose is prominent or where a determination to do the wrong thing is manifest.

Middletown State Hospital—Annual Report

Now and then an imbecile feels himself fitted for some great mission or grand achievement in life. Being almost devoid of judgment and understanding, and being impelled by an unrestrained imagination, or by the foolish advice of fond or conceited parents, he enters the lists as a scholar or scientist with the confidence of folly and untethered by that fear which causes angels to hesitate. Again, with blind assurance, he seeks to gain admission to the ranks of the loftiest and most learned professions. While the imbecile might touch the earth with hoe or plow and gain strength, like Anaeus of old, he prefers too frequently to soar upwards toward the sun upon the waxen wings of fancy, only to reach a fate like that of Icarus, the winged flyer of the ancient times. It is a deplorable fact that many imbeciles are unable to accept the advice which we suggest:

(a) A careful analysis of one's inherent powers;

(b) The sailing of frail barks close to the shore, in quiet harbors, where the strain of weak timbers is light.

It is well to remember that there are some boilers which may do satisfactory work when attached to stationary engines; but some of these should never be used as receptacles for the motive power that is necessary for the propulsion of the Empire State express.

Moral phases of imbecility.—Whenever there is a stunting of the higher intellectual faculties, i. e., when there is impairment of the understanding, the judgment and the will, there is also a lowering of the moral sense. Imbeciles seem to suffer from an abolition of conscience, and fail to a great extent in making the ordinary perceptions of right. They cannot tell the truth, or at least are inclined to a marked perversion of facts in all their statements. Their most earnest assertions often contain but one kernel of truth to a bushel of the chaff of falsehood.

Unable to perceive correctly their relations to the world, imbeciles often become suspicious of those around them, and frequently cherish delusions of self-importance and of persecution. Lacking the moral sense to a proper degree, the imbecile is often

Middletown State Hospital—Annual Report

led to wreak revenge for fancied wrongs; hence he becomes an incendiary or he acts under homicidal impulses. Sometimes, through inability to recognize the rights of others, he becomes a thief, or more delicately, a kleptomaniac. Lack of conscientiousness and a childish selfishness are present in such cases.

If the sexual passions are strong in the imbecile (and they often are), then he will commit or attempt rape in the most brutal manner. It frequently happens that such persons are inordinate masturbators. Again, an imbecile will often enter the marriage state with as little thought or purpose as a child picks up a toy or eats an apple.

These are some of the deplorable and dangerous phases of imbecility. It can readily be seen that its nature should be more fully understood, and means for its relief or cure more carefully devised.

Cases of imbecility.—To illustrate imbecility more fully, we present herewith the synopses of a few characteristic cases. These will show to some extent the manner in which divergences from normality occurred. These cases are as follows:

- (1.) A case of imbecility from early disease.
- (2.) A case of imbecility from exaggerated erotic tendencies.
- (3.) A case of imbecility from religious excitement.
- (4.) A case of imbecility from blow upon the head, or concussion of the brain.
- (5.) A case of imbecility from disappointed ambition.
- (6.) A case of imbecility from unbridled aesthetic aspirations and day-dreaming.

1. (Case No. 1103.) This patient was admitted to the Middletown State Homeopathic Hospital at the age of 41. He was single, a native of the United States, without occupation, but with strong masturbatic proclivities. He was said to be homicidal, and was at times inclined to be quick and nervous in action and irritable in disposition. This patient, when one year old, had an attack of scarlatina, and after the subsidence of the active fever he became weak-minded, although previous to his illness he had

Middletown State Hospital—Annual Report

seemed to be a very bright child. He grew up an irritable and suspicious person. He had a delusion that all his pains and aches were caused by his brother, and he threatened to kill him and the rest of his family. In early life this patient contracted the habit of opium eating, and he carried a bottle of laudanum with him constantly, taking the drug *ad libitum*. He then declared that he took opium merely as a stimulant. His suspicions were increased after coming under the influence of the aforementioned drug. From very early life this patient had a peculiar, sudden, side-ways twitching of his head when speaking. After being separated from his friends, and after he was committed to the hospital, he was pleasant, easily controlled, and gave no trouble to those in authority. He was granted a parole of the grounds, and never abused it. He was also allowed to go home at times, and returned when he agreed to do so. This patient was generous and lavish with his money, of which, through inheritance, he possessed an abundance. His power of action in a certain direction was demonstrated when he suddenly one day promised an assistant physician that after he had taken the contents of a partially used bottle of opium, he would thereafter take no more, and he kept his word. After making the half bottle last as long as possible, he quit the use of opium, and took no more to the end of his life. This patient had vigorous prejudices, and they were like those of a head-strong boy of eight or ten years of age. Having once formed an opinion he would stick to it with the obstinacy of a mule, and seemed unable to change a belief once formed no matter how false it might be, or how untenable his ground for sustaining it. This patient had a remarkable memory not only of what he had read or heard about, but also of what he had seen. He would give facts concerning his life with dates in the most minute and comprehensive manner, even to the extent of intolerable tediousness to those who were obliged to listen to him. No. 1103 was quiet and retiring like a young boy, although, as we have said, very generous in the disposition of funds which came under his control. This patient was about fifty years of age when he

Middletown State Hospital—Annual Report

died. His death was caused by cancerous developments, the result of injury unconsciously inflicted by a youthful friend. The arrest of mental development in this case was caused by an attack of scarlet fever in very early life. During all his existence the patient resembled and acted like a boy, in thought, feeling and action, except that when his suspicions against others were unduly developed he manifested an unnatural tendency to kill his most intimate and most-to-be-trusted friends.

2. (Case No. 1261.) This patient was admitted to the hospital in 1883. He was 28 years of age, a native of the United States, by occupation a clerk. He was also a masturbator, and had been inclined to habits of self-abuse for a number of years. He had, especially, delusions of being loved by members of the opposite sex, and was subject correspondingly to neurotic influences. He had exalted notions of his ability and importance, and numerous kaleidoscopic plans of pleasure and business. He was disposed to wander from home without money or definite plans. He was possessed with a strange tendency to trickery and falsehood in all his dealings with his parents. He suffered an entire loss of self-control and self-restraint. He was also without feelings of shame and remorse for misconduct. About one year previous to admission he ran away from home while under considerable mental excitement, and wandered from place to place without any known cause, but under the influence of impelling delusions. His father found him after much search, and brought him back to his home. This patient has a delusion that he is suddenly to become wealthy, or is to marry a lady of wealth. Under the influence of this delusion he has travelled from place to place in search of the desired personage. Sometimes he imagines that he has married a lady after an acquaintance of only a few days. In fact, he met a young lady in Baltimore some years ago, and after a very brief but impetuous courtship he actually married her. While on his wedding trip he became suddenly violent, and manifested marked maniacal symptoms. He was sent back to his father's home, and thence to this institution. This patient has

Middletown State Hospital—Annual Report

been under care and observation for over fourteen years. During all that time while in a fair physical condition, he has been nervous, restless, suspicious, easily depressed, and at times has crying spells. He has fallen in love on many occasions, and has proposed marriage to patients, attendants, and others whom he has met briefly at the various entertainments at the hospital. His actions have generally been those of a foolish, love-sick boy, and as such they have been of a weak and silly nature. At times he has professed that he was trying to be a man, and trying to do right; but in all his efforts he has proved himself incapable, and when trusted has proved false to the confidence reposed in him. This patient is not able to tell the truth, nor to do what is right, nor to manifest any reasonable self-control; but requires constant care and protection. On several occasions, while on parole, he has succeeded in escaping from the institution, but in no instance has he been able to remain out of the custody of the law, as he would almost immediately create a disturbance, or seek to attain by unlawful means that which did not belong to him. On one occasion he went to visit his mother for a few days. Shortly after reaching her temporary residence he left the house, and was gone several hours. On his return he admitted that he had called upon a young lady. The lady was an entire stranger to him, but he claimed that she loved him, and he has asked her to marry him. This patient is now 42 years of age, and his general conduct is that of a boy of eight or ten years of age. The shock which produced an arrest of development in his case likewise exaggerated every erotic tendency of his nature; hence his life has been devoted to plotting, scheming, dreaming, and imagining associations with those of the opposite sex. Whenever he has been associated, sometimes for even a single hour, with a young woman, he has promptly fallen in love with her, and openly and honestly avowed his most devoted affection. He vainly imagines that he can establish himself as an accepted cavalier in the heart of any woman whom he may chance to meet. Pride, egotism, and ambitious belief in his own invincibility in the acquisition of

Middletown State Hospital—Annual Report

love and wealth are his leading characteristics, and yet he is too weak to fulfill in any degree the slightest obligation in life. Such is generally the hapless condition of the imbecile who is given over to the wild vagaries of unrestrained erotic impulses.

3. (Case No. 4696.) This patient was admitted to the hospital May 12, 1896. His age was 16, a native of the United States. This patient was reared and educated by his father and mother with great care, and his early companions were supposed to be of the best types. He was regular in his attendance at Sunday school, and he took such an interest in religious subjects that he successfully cloaked a strong inherent tendency to sexual abuse. He carried on the latter habit with considerable vigor, and with exhausting tendencies, until finally he was swept from the moorings of reason apparently by a tidal wave of religious furor, but in reality his mental disturbance depended considerably upon the unnatural sexual exhaustions to which he had been, from very early life, addicted. It is a singular fact that the development of the sexual organs is often accompanied not only by early formed habits of masturbation, but also by the exemplification of strong and earnest religious impulses. The early, and excessive, and unnatural use of the procreative powers of man is often accompanied by a morose or remorseful contemplation of the eternal possibilities. Such experiences should warn the young to postpone the use of such powers until the period of maturity, when resistance of the nervous system against shocks and injuries is as strong and complete as the developments of nature will permit. The shock of injury is felt by the growing nervous system even as the tender shoot is wrenched by the forces of the hurricane, while the trunk of the mature oak stands unmoved and uninjured amid the sweeps of the rudest blast. Patient No. 3, when he became mentally ill, through the effects of bad habits and unbridled emotions, felt that he was under magnetic influences which controlled his actions. He believed that detectives followed him, and that he was watched by various people wherever he went. During the week previous to his admission

Middletown State Hospital—Annual Report

to the hospital he became unmanageable, and incapable of caring for himself. Under the influence of his delusions he threatened to shoot his sister, and also threatened to injure his mother. This patient, when admitted, declared that he had always taken a great interest in religious affairs, and had worried a great deal on that account, because he thought he was not as good as he might be. He also worried about girls, though he fixed his attention on no particular one. He was not congenial with other boys. For several weeks before he became actively excited he had slept but very little, and imagined that he would always be disappointed if he tried to do anything in life. After attending a place of amusement where he could see those of the opposite sex, he spent most of the following night in masturbating. On the day following he was nervous, hysterical and foolish. At times he became very suspicious, and thought his food was poisoned. After he had been in the hospital a short time he was examined, and found to have an elongated and contracted foreskin, consequently he was circumcised, after which the habit of masturbation subsided. Under the influence of care, moral suasion, suitable diet, and exercise, this patient gradually improved, and finally recovered, both from the mania of religious exaltation, and from the most serious effects of masturbation. While this person may be able to live at home, and engage perhaps in some light occupation, he will probably remain somewhat weakened in his mental and physical natures for a long time to come. The more fully his physical stamina can be established during his subsequent years of growth, the more likely he will be to get strong and settled in his mental activities, and in his moral perceptions and beliefs.

4. (Case No. 3051.) This patient when admitted was 23 years of age, a native of the United States, and a musician by occupation. The remote cause of mental disturbance in this case was predisposition and injury to the head. The exciting cause was worry, the result, no doubt, of mal-environment and inability to succeed in life. The patient when received at the hospital appeared to be somewhat depressed. According to the history, he

Middletown State Hospital—Annual Report

had homicidal tendencies. He was intemperate in the use of tobacco, a condition which sometimes follows an inability to perform other and more profitable tasks. From the history of this patient we learn that when about eight years of age he received a severe injury upon the head. This injury resulted in a condition of imbecility, and to this was superadded, at the age of 19, an attack of subacute mania. While morose, irritable and moody as a rule, the patient had occasional attacks of mental depression, and in one of these he shot himself. Previous to his attack of maniacal excitement and while suffering with the benumbing effects of brain injury during adolescence, the patient alternated between mental and physical masturbation. At times he would give up the physical act, but would continue to indulge in day dreams and night dreams concerning women. He thought at times that he was actually married. At other times he believed that there was only one woman in the world destined solely for him, and she was a school-teacher. His mind dwelt upon the subject of love, and sometimes he wrote letters to his teacher embodying sentiments of affection. This patient has an extremely poor memory. He says that his memory commenced to fail when he was about 12 or 13 years of age. At times this patient has been inclined to injure others by reason of his suspicions that they were trying to injure him. At other times he has felt like killing himself because he thought he was unworthy to live. In his mind there have been only half-formed and irregularly formulated ideas. He doubtless suffers from what has been termed "cerebral chilblain." The brain substance is impaired in tone and texture through injury, consequently it receives and transmits impressions, and formulates thoughts and ideas in a most imperfect and unsatisfactory way. From dazed imbecility, the slow and painful result of a blow upon the head, inflicted when a child, this patient is passing gradually into the realms of Lethe-like dementia.

This case is like many others, and it should tend to warn every one against brain injury, if possible; and it should likewise lead

Middletown State Hospital—Annual Report

the thoughtful physician to consider with scrupulous care the necessity for relieving the effects of blows upon the heads of infants at the earliest possible moment. Suitable medication at the outset, and proper care and nourishment of the brain throughout the entire period of growth, may relieve these tendencies to imbecility and dementia. The imbecility which follows a blow upon the head seems to be of a most benumbing and degrading nature. Brain injuries appear to destroy not only mental activities, but all ambitious purposes and lofty efforts to attain the noblest ends. Even the natural impulse to keep clean, to dress well and to appear properly and serenely before one's friends and neighbors is sometimes destroyed by cerebral concussion. Sometimes a victim of brain injury becomes suspicious, irritable, ugly and homicidal, and from a long-continued, sullen state of quiet he may suddenly, and apparently without motive, spring into action like a wild beast leaping upon its prey. Consequently, such imbeciles should be closely watched and scrupulously cared for to prevent injury either to themselves or to others.

Brain injury often leads not only to disappointment in the accomplishment of cherished hopes, but also to the adoption of degrading sexual habits. Recognizing these facts, the teacher and the physician should combine in their efforts to relieve unfortunate youthful humanity of these painful *sequelae* which too often follow in the wake of subtle, and far-reaching and long-continuing injuries to the brain substance.

5. (Case No. 2652.) This patient was 39 years of age when admitted eight years ago. He was a native of the United States and a farmer by occupation. He was brought up in a country store that made large sales during the war time. He rapidly developed a knowledge of business and had a considerable ambition to succeed. He worked hard; he sat up late at night and studied; he worried about his prospects in life; he took to drinking, and was, consequently, sent to the Utica State Hospital. This patient is a marked example of bright precocity in early life, of active sail-spreading at the outset, of disappointment in ambition and

Middletown State Hospital—Annual Report

hope, and a consequent resort to stimulants as a means of relieving the soreness and heaviness of soul which followed adversity and non-success. The study and the work and the worry which this patient indulged in when he was a young lad were the causes which impelled mental weakness and mental instability. Upon this weakened stock was subsequently grafted an attack of violent insanity which terminated in katatonic dementia. For many years he has had a peculiar penchant for writing and describing, with various degrees of vivacity and perspicacity, the scenes by which he is surrounded and the acts of those with whom he comes in contact. While the patient is now demented, and can only retain a partial memory of affairs which have affected him in life, he still recalls with voluble regrets his early aspirations to win a bright and brilliant and glowing success in human affairs. In all his disappointment, however, he takes at times philosophic and optimistic views. Now and then he imagines that, in spite of his early failures, he still can think and speak and write with a cogency and a power that satisfies his impaired intellect and weakened judgment. As this patient grows older, and is farther removed from the hopes and struggles of boyhood and early manhood, he takes on the irritable, dictatorial, revengeful and tricky character of the bully upon the playground at school. He at times sings and laughs, and at times becomes morose and sullen. At all times he is more or less inclined to speak sarcastically and meanly of others, and to injure and annoy, after the methods of a boyish bully, those around him. This is the culmination of imbecility produced by disappointed ambition. In almost all such cases the spirit of the youthful optimist is gradually exchanged for the spirit of the embittered pessimist. If one cannot make a personal success in life, he is quite apt to discount and decry the successes of others. There are many such imbeciles to be found in society and the community everywhere.

6. (No. 2434.) This patient was 32 years of age when admitted, and by occupation a teacher. He thinks that he is under the control of spirits, and he sleeps and eats and travels when and where

Middletown State Hospital—Annual Report

they direct. He hears voices which to him are imperative; he sings and dances at most unreasonable times and places; and he often explodes with laughter without apparent cause. At times he will sit for hours in a cataleptic condition, giving no heed to anything. He has contradictory methods, and says that he will do this and that, and then says he will not do that which he had promised. The paternal grandmother of this patient was insane and his father was nervous. The patient was unnaturally irritable and bilious. He masturbated considerably when he was a small boy. His disposition began to change about the age of puberty. At that time he was somewhat depressed and he was troubled with indigestion. He went to Germany in early life and studied music, and while there he heard the opera Faust seven times, and was very much affected by it, being at that time in a depleted physical state and somewhat depressed mentally. After that he fancied that he heard this opera at various times and places. This hearing of the opera in imagination finally subsided, but the feeling again revived at a subsequent date. For several years he felt himself under the influence of music, and would go through the motions of the opera and the piano. He acts the part of a weak, silly and foolish boy, rather than that of a man. Most of the time he sits as if dazed. He says that the combination of music and scenery so carried him away some years ago that he completely lost control of himself. He could not "come down" to earth for many months at a time. When it was found that music and aesthetic day-dreaming about it were doing him much harm, and making him restless, uneasy and disturbed, he was prohibited from using the piano.

This patient gradually becomes more and more demented. He stands about the hall during the day-time, grinning in a meaningless manner, and shaking his head at the pictures on the wall. He is restless, and moves from one place to another, and suddenly from one chair to another. He laughs and talks frequently. He is resistive at times; generally he eats and sleeps well; his mind is gradually becoming weaker, and he sinks into

Middletown State Hospital—Annual Report

that dementia which often follows the mental exaltation which so easily arises in the soul of the unfortunate imbecile.

When we contemplate the ruin of a human mind that is naturally possessed of æsthetic tastes, and a love for the beautiful in sound and scene, we cannot but deplore the termination. There is more danger to the possessor of a poetic temperament than to one who is cast in a most practical mould. In many cases we are obliged to stamp the victim of an hypertrophied imagination, even when that imagination tends to æsthetic and noble sentiments, as a person who presents, at the last, to every startled beholder only the sad and demoralized ruins of an ill-spent life.

Care, treatment, and cure of imbecility.—It is an old and a trite assertion of modern humanitarians that the propagation of the human race is entitled to as much care and consideration as the breeding of fine stock of various kinds on the farm, in the kennel, and in the fold. In spite of the assertion, however, no successful method for regulating the propagation of human beings has yet been devised. Philanthropists have suggested restrictions upon marriage as a preventive of the propagation of idiots, of imbeciles, of weaklings, of epileptics, and of criminals; but the work of multiplying the earth still continues almost without limitations, and perhaps in compliance with the general proposition that "love laughs at locksmiths," and the propositions of philosophers.

The principle of human freedom has been so exalted that it is difficult to place suitable restrictions upon those who are unworthy of attempting to engage in the task of procreation of their kind. Perhaps moral suasion might be tried as an aid in restricting the production of unhealthy and burdensome additions to the community; but moral suasion is a feeble factor in cases where no morality and no tendency to listen to suasion seems to exist. There must be a more patient teaching of moral suasion, a larger enlightenment of the human mind, and a more profound conviction of right in the human soul before we can anticipate improvement along these important and noble lines.

Middletown State Hospital—Annual Report

The care and treatment of those who are weak and drifting toward imbecility should be administered upon two general plans of action. The first should consist of an effort to prevent all blights upon the youthful human mind, and the second should seek to relieve every inherent or acquired weakness by methods which shall most surely tend to expel the elements of degeneracy which have obtained a foothold within the human temple.

The prevention of imbecility is a task which rests chiefly with parents. The efforts of fathers and mothers should be devoted from the very outset to the rearing of strong, healthy and vigorous children. The propagation of the human race should be raised to the dignity of a comparatively exact science. The destinies of mankind have been subjected long enough to the blind fumbleings of chance, and all the degrading impulsions of sexual perversity. Those who cannot be taught to wisely use their mysterious and marvellous powers should have those powers cut off in their incipency, and before an opportunity to work damage has arrived.

The methods of treatment for the prevention or relief of imbecility are the following:

(1.) Proper physical training. The physical training of persons who are weak and liable to arrested growth should be administered by those who aim at the highest possible scientific culture. Gymnastics and open-air exercise should be had. The bicycle is the coming developer of the human race. But its use should be employed with great moderation and wisdom. The wise instructor, and not the imbecile, should judge of the amount of exercise thus to be indulged in.

(2.) Correct breathing. The task of breathing is a most essential one for the development of the chest and lungs, for the purification of the blood, and for promoting throughout the entire system a healthy circulation of the same. Suitable methods of breathing should be taught to each class in physiology in every school throughout the commonwealth, and these methods should be practiced in every gymnasium devoted to the welfare of the young.



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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—DINING ROOM—TALCOTT HALL.



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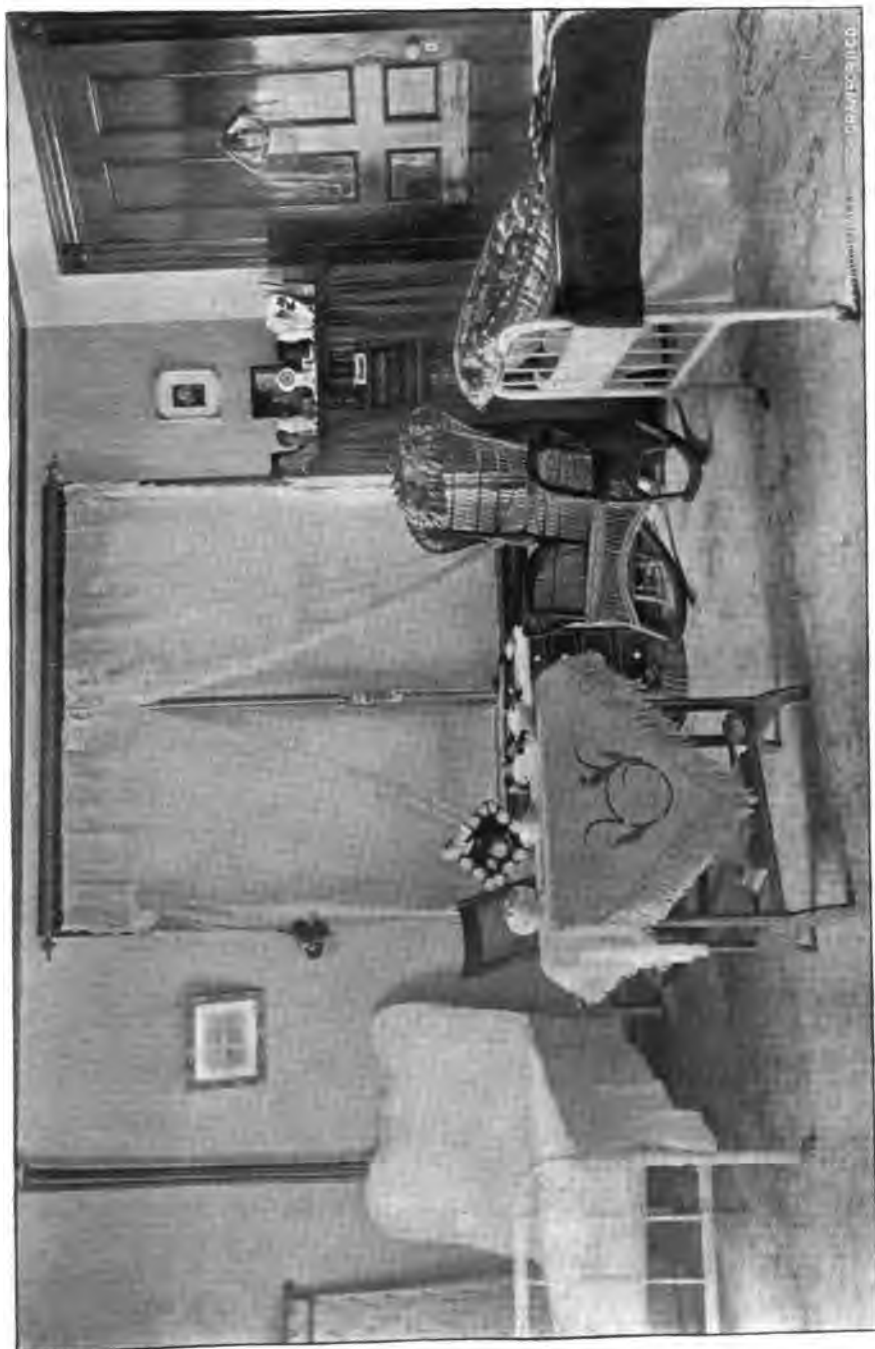
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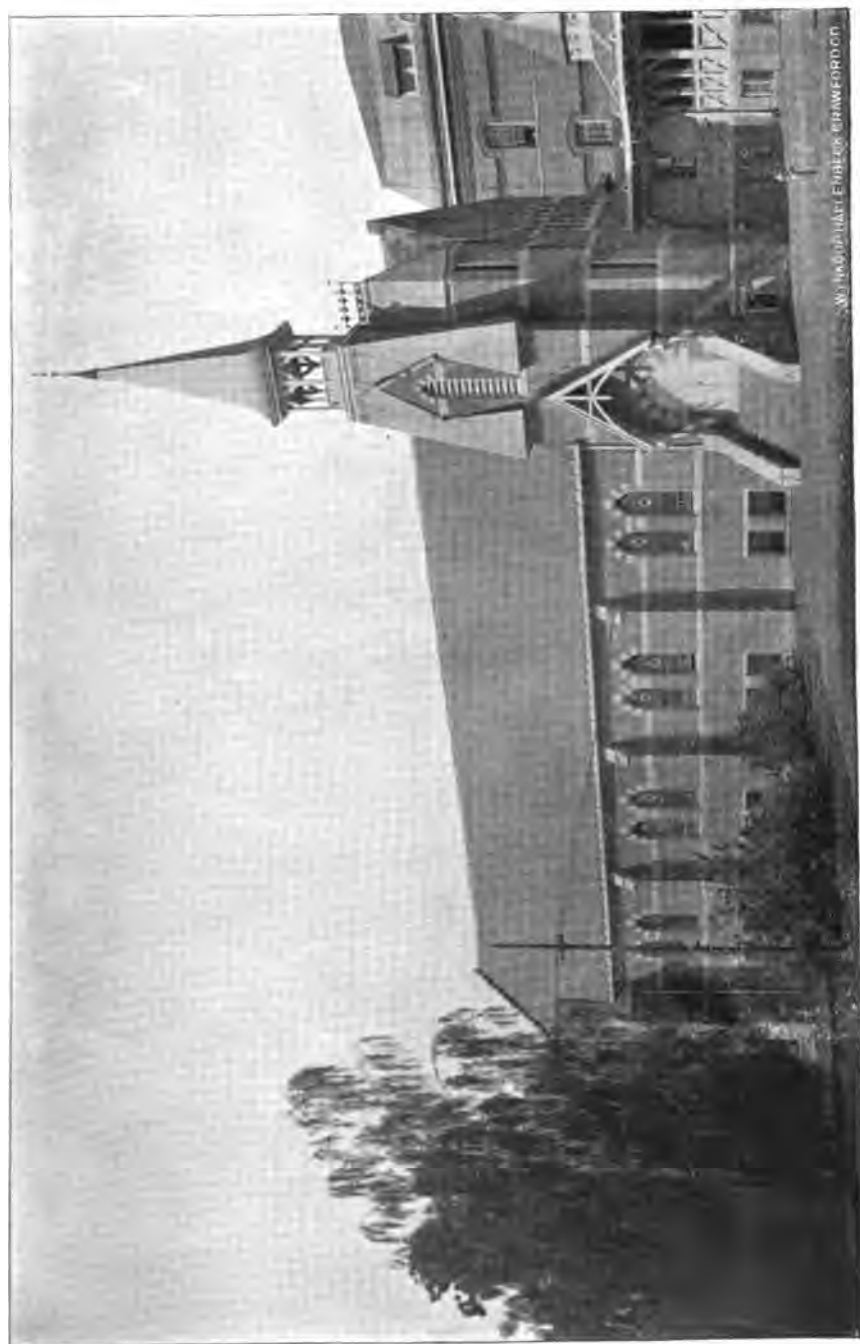


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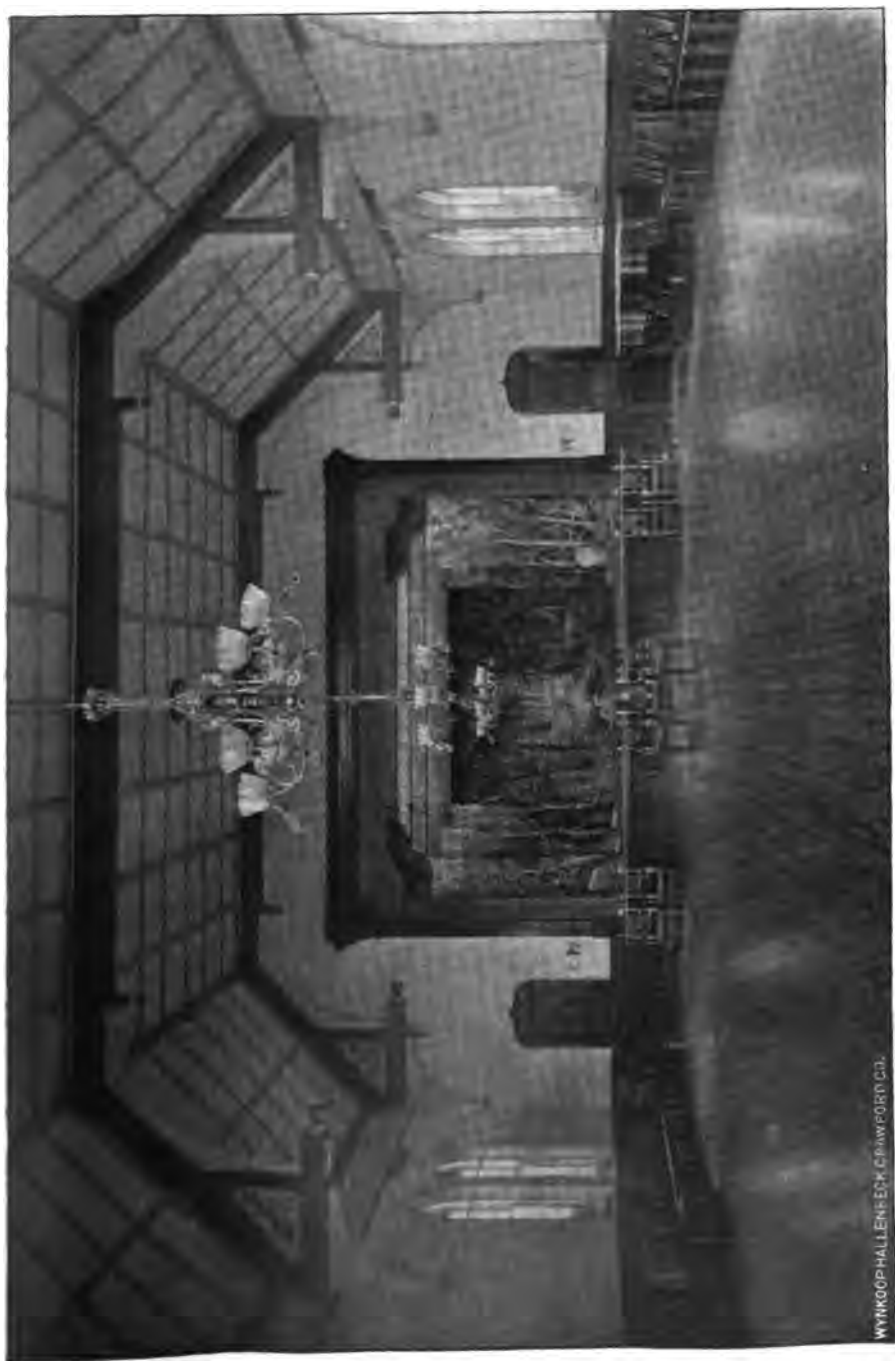


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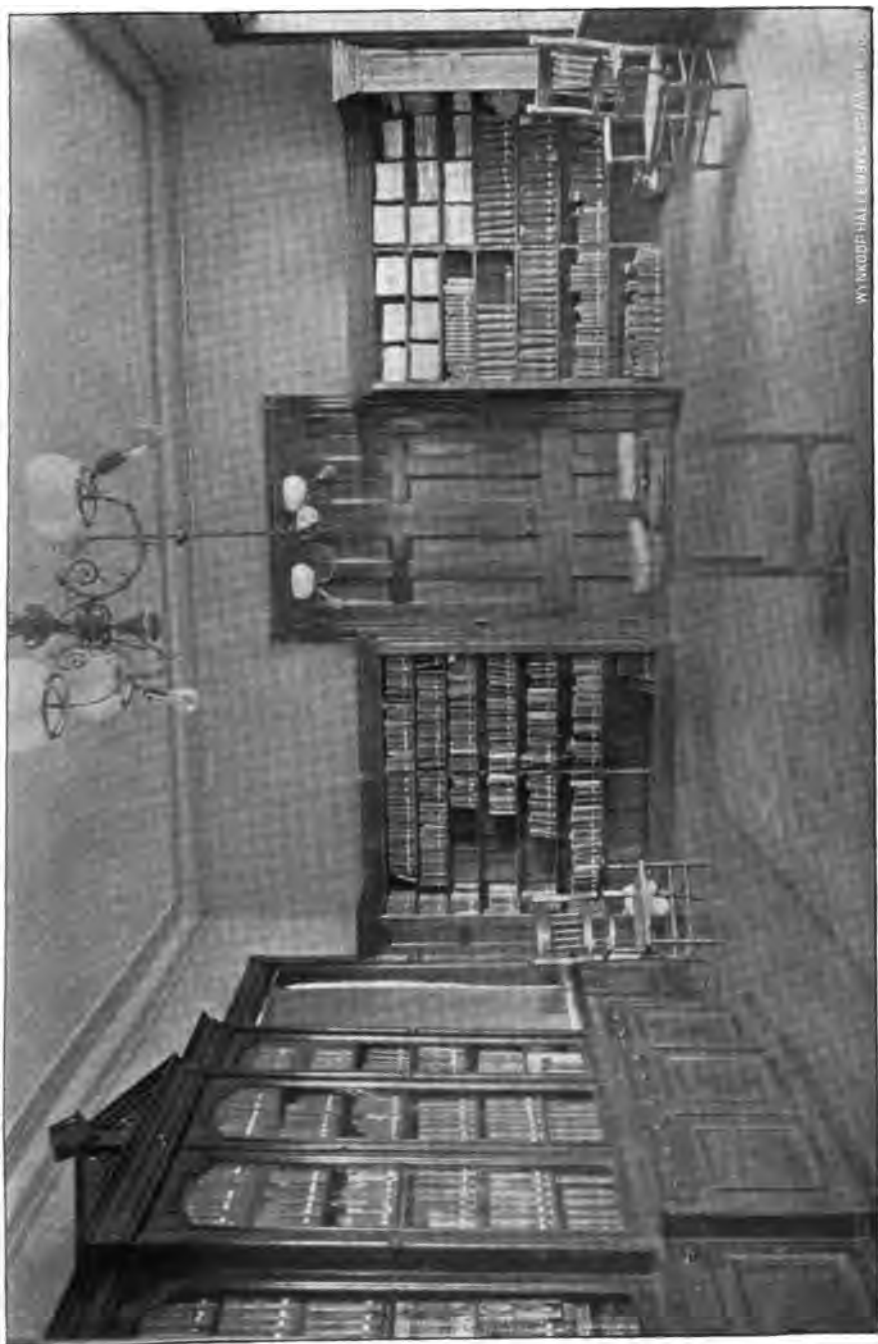
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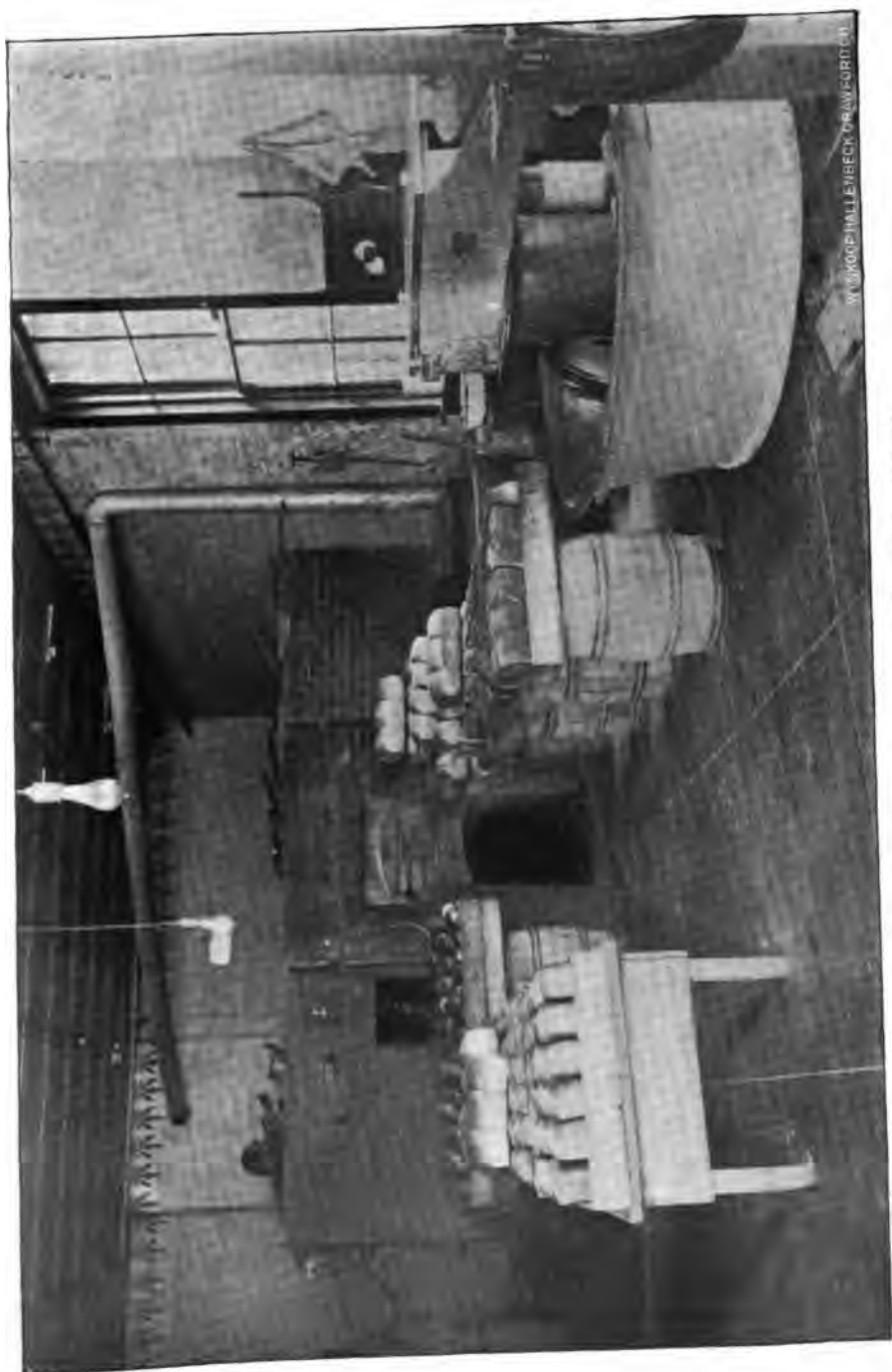


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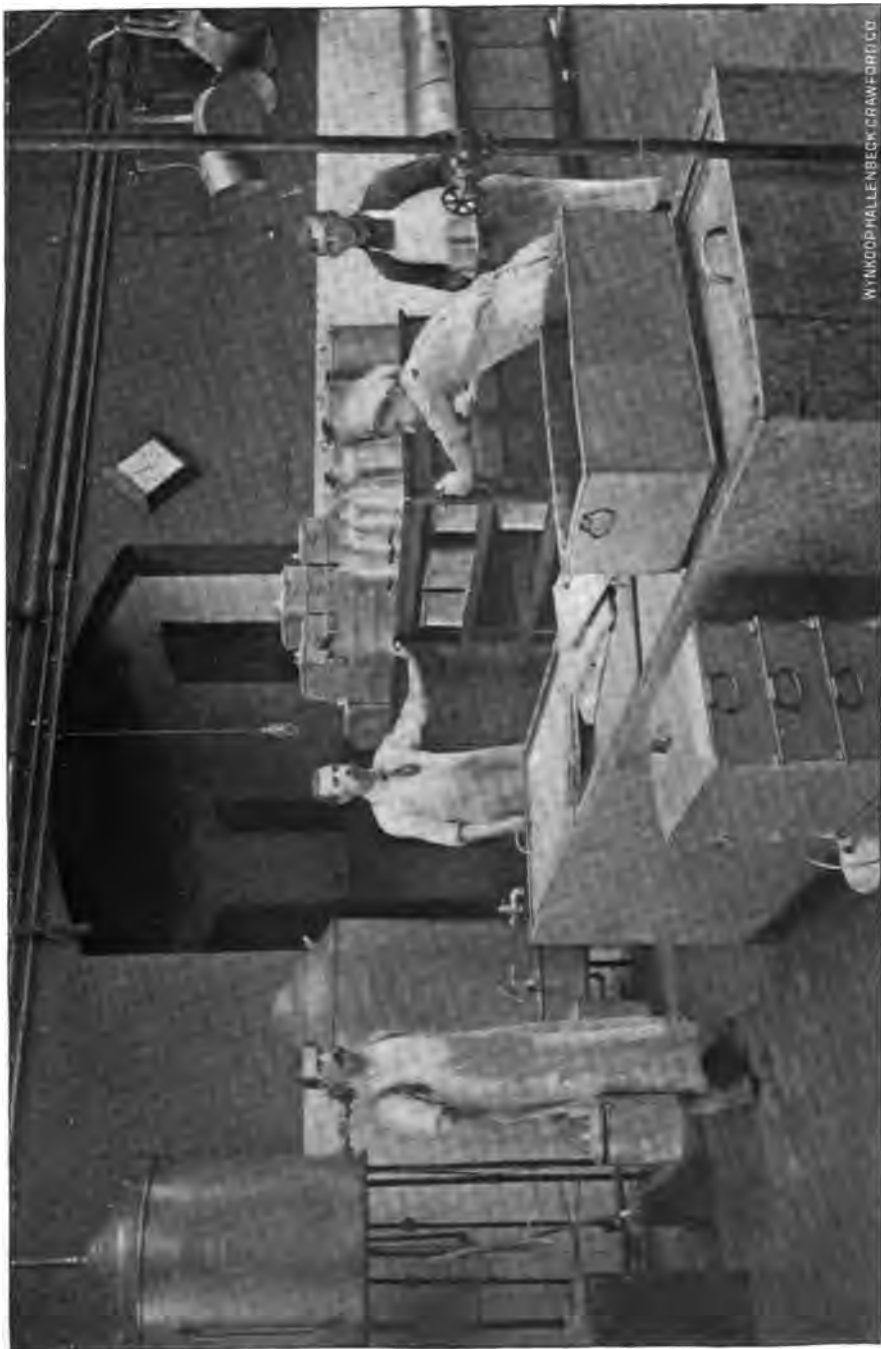


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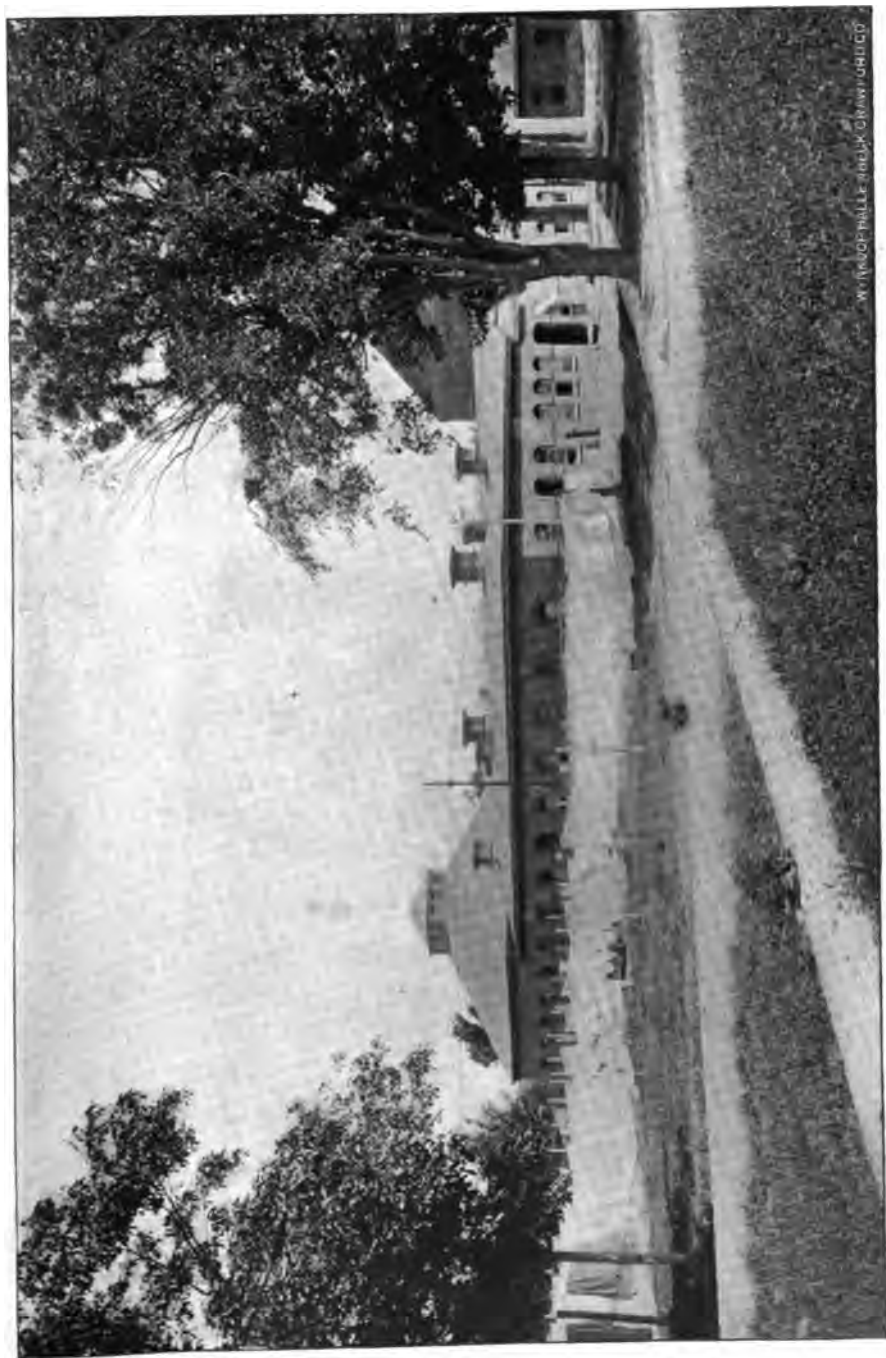


MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—KITCHEN.



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Middletown State Hospital—Annual Report

(3.) The scientific use of baths, and the establishment of correct habits of cleanliness. Bathing is a matter which should be regulated by careful teachers. Many times the young are permitted to take ocean baths by the hour, and to the point of exhaustion. Such recklessness should be avoided. The young should be taught to use discretion, to refrain from everything injurious, and to indulge wisely and moderately in that which may promote and develop growth and strength of body and mind.

(4.) The remedying of all bodily defects by operations, by massage, and by appropriate muscular manipulations. Imbecility is often found in those who are afflicted with hunchbacks, or curved spines, or weak ankles, or crooked bones, or knock knees, or weak necks. These physical deficiencies should be repaired by every practical process known to science or art while the patient is young and growing. Imbeciles are sometimes the victims of cretinism, or goitre, or acromegalia, or myxœdema. These are constitutional disturbances, and can be relieved but slowly under the most favorable circumstances. For such, the conditions of climate, environment, surrounding, occupation, nutrition and stimulation must be considered.

(5.) We have spoken largely of externals in the training and care of the imperfect young—those weaklings of whom it is said in Scriptural language: "Ephraim is a cake unturned;" and of whom a later writer has said: "Their heads sometimes so little that there is no room for wit; sometimes so long that there is no wit for so much room." We come now to consider the necessity of supplying abundant and appropriate nutrition for the young.

All living bodies grow by means of suitable nourishment. In these days of scientific experimentation, the value of food products is being gradually but thoroughly determined. The young need food according to their developmental necessities. If the bony structures are weak they will need especial attention, and a diet of shredded wheat, or all substances containing a large

Middletown State Hospital—Annual Report

amount of bone-forming material may be administered. If the bones are large and well-developed, and but poorly handled by weak muscles, or poorly protected by a thin coating of fat, then a diet should be given which will tend to develop muscle, and promote the laying on of fat.

As the body approaches maturity, and as the mental powers begin to develop, then food which tends to strengthen and increase the volume of brain should be selected and administered. Under some conditions a milk diet may be given with advantage. Under other conditions lean meat, lightly cooked, should be afforded, in order to furnish the nerve tissues with the necessary amount of protein compounds.

According to Prof. Shea, "not less than 29.7 per cent. of a beef-steak is protein; salt codfish contains 27.6 per cent., beans, 22.2, chicken, 19.3; rolled oats and fresh fish each 16, graham flour, 14; wheat flower, 12; most pies and puddings about 6 or 7, and vegetables (on an average) not over $1\frac{1}{2}$."

Growing children may need a diet of milk and eggs, in order to facilitate rapid bodily growth. It is probable that a mixed diet is usually the best. A wise judgment will lead to the use of all those foods which develop simultaneously, synchronously and harmoniously the bones, the ligaments, the muscles, the fat deposits, the nerve tissues, the skin and its adornments. When this end has been attained, we shall have in our patient a well-formed and symmetrical body, brain and mind all happily united. Such a being when fully matured is, indeed, fitted to dance in a lady's chamber to the bewitching music of an Egyptian lute!

(6.) Co-ordinate with growth comes education. This latter may consist of study and reading, or of play and association with others. Education is that which develops and fits the mind of the individual for the highest possible activity and usefulness. Education means not only the acquirement of knowledge, but the use of that knowledge when acquired. Education means not only study, but it means observation, experience, a consideration of facts, figures and men, and their proper association with each

Middletown State Hospital—Annual Report

other, and with the individual who is being educated. Education is not only the acquirement of the bricks of truth, but it consists of erecting into a stately structure all of the material that can be gathered together. Likewise the architectural arrangement and oramentation of all the aggregations of truth and fact must be made by the individual student. The aim of education should be to strengthen, to broaden, and to develop symmetrically all the mental powers of the individual. A one-sided education would lead to weakness and toppling of the structure. A symmetrical education is pyramidal in its growth, and invincible when completed. The education of the weak should be pursued with greater care than in the cases of those who are naturally robust, energetic, self-poised, and self-maintained. Education should not be carried to the extent of overtaxation. Those who are being educated should be likewise protected from a knowledge of injurious and disturbing facts or theories. Philosophical works and the hopeful conditions of history should be exploited to the delicate young by their educators. Short hours should prevail in all our schools. Finally, self-poise and self-restrant are among the foundation principles of a good education. These should be instilled into the minds of the young at an early date, and their necessity explained with patient perseverance.

(7.) The selection of occupation is an important task for each individual. It is especially desirable that the person who is inclined to weakness or erraticism should select for his occupation such work as he is most naturally fitted to perform, and he should engage in tasks which he can execute with the least possible friction and wear, and with the greatest possible comfort and satisfaction. The performance of badly selected work—work that is distasteful to the soul of the individual—is especially trying, and often results in disappointment, disaster and failure. Those having charge, therefore, of the destinies of young weaklings should recognize the necessity for a proper selection of occupation for them. As far as possible, the tender youth should have freedom of choice in the selection of a business, an occupation, or a trade; but this choice should be made only after

Middletown State Hospital—Annual Report

thoughtful study and consideration of one's own powers, and after listening carefully to the injunctions of the wise and the considerate. Each boy and girl should come at an early age to consider the solemn and mighty injunction of the Delphic oracle: "Know thyself."

(8.) The fact that medical treatment may not only remove disease, but promote and aid in the development of both mental and spiritual qualities, is one of the surprising but established wonders of the age. The experiments of Dr. Gallavardin, of Lyons, France, tend to show that evil tempers and disturbing passions, and distasteful emotions, and violent appetites may all be controlled, modified, lessened, or made to disappear by the appropriate use of well-selected remedies. Hence, we are able to state that in the transition of youth to manhood we may afford medical aid to the individual who is struggling to attain that most magnificent prize of all the ages—namely, "a sound mind in a sound body." To this end, we select and administer such remedies as alumnia, arsenicum, belladonna, calcarea carb., hepar sulph., mercurius, natrum mur., phosphorus, silicea, and sulphur.

The characteristic symptoms of the aforementioned drugs may be found at the end of "Suggestions Relative to Grip Sequelae" in this report. We may also add that the "Tissue Remedies," and all drugs which produce constitutional and far-reaching effects, may prove of service in ameliorating the conditions of the imbecile if correctly and carefully applied.

NEEDS OF THE HOSPITAL.

In the report of the board of managers, a scheduled list of our needs for the coming year has been presented. In addition to this, it seems proper for the superintendent to urge upon the managers, the Commissioners in Lunacy and the State legislators the necessity for providing more room for the insane in this State. In some quarters the overcrowding has been carried on to a deplorable extent. All of the hospitals are reported as filled with patients to their utmost capacity at the present time. In most of

Middletown State Hospital—Annual Report

them the authorities complain of overcrowding. We have alluded to this danger in times past, and we feel impelled to again ask attention to this important matter, because we believe that overcrowding is one of the most serious obstacles to a satisfactory treatment and recovery of the insane. The population of the State is increasing from year to year; the population of our State hospitals will, therefore, inevitably increase. This ratio of increase can be determined with approximate accuracy from the experience of the past. Having determined this ratio, then the State should erect each year a sufficient number of additional buildings to accommodate the prospective and probable increase in the ranks of the insane.

Another necessity, which is an essential as well as a special one, is that of providing comfortable and pleasant surroundings for those who are already housed. To this end worn-out and diseased furniture should be dispensed with, and new, clean, comfortable, healthy furniture should be substituted. The monotonous array of pictures on the walls should be changed from time to time. This may be effected by the purchase of new pictures or by the establishment of an exchange of pictures between the various hospitals.

I think we should have more nurses and attendants in our wards. At the present time the number has been reduced to, apparently, the lowest limit of safety. This reduction for economy's sake is sometimes carried to such an extent as to produce a strain and a feeling of apprehension and unrest on the part of those who are doing a little more work for the insane than they really ought to perform. A liberal allowance of nurses and attendants should be made if the hospitals are expected to continue the work of treatment and cure, instead of engaging in the task of simple custody and care. We particularly need more nurses when we engage in extra-routine means for affording massage and special care of various kinds to the sick. Extra nurses are needed when alcohol baths and oil rubs are administered, when the sick are comforted by consolatory and gentle talking or reading, when the patients

Middletown State Hospital—Annual Report

are fed with specially prepared diet, and when the most elaborate care is administered to critical cases that we are anxious to cure.

We should have additional facilities for the cold storage of food supplies. This request is made not only from an economical standpoint (the economy consisting of purchasing goods when they are cheapest in the market and holding them for future use), but for the purpose of preserving food at all times in a condition of pristine purity. By means of cold storage everything that is of a perishable nature may be kept intact until the proper time for use arrives. If we try to keep some articles in cellars, without the advantage of a cold storage, then we are liable to spoil or partially spoil them before we can have them cooked or served. The possibility of having spoiled food under any circumstances should be averted by means of suitable cold storage.

We should have increased and appropriate facilities for the cooking of meats, vegetables and fruits in the kitchen, and also for the baking of bread stuffs in the bakery. This institution was originally designed for about three hundred patients. Afterwards it was enlarged to a capacity of six hundred and subsequently still other buildings were erected. Now we are obliged to care for about twelve hundred patients, and we not only feed them, but likewise about three hundred employes. We cook every day for nearly fifteen hundred people in a kitchen which is very moderate in size and very moderately supplied with utensils for the preparation and cooking of meals for the sick and their caretakers. During the past year a new range and a new heater have been put into the kitchen and two new kettles have been added. But there should be more facilities for steaming and boiling and roasting meats and vegetables, and for the preparation of soups and grain foods; also for heating milk and making beef tea and broths. The recent explosion in our kitchen of an old oat-meal kettle, filled with over nearly four hundred pounds of hot oat-meal mush, is a warning against the use of worn-out cooking apparatus that should be heeded. Fortunately the explosion occurred early in the day and when only one man was in the kitchen.

MIDDLETOWN STATE HOSPITAL—Annual Report

The cover of the kettle hit this man in the neck, and knocked him about ten feet, but he was not killed. Half an hour later in the day the kettle would have been surrounded by six or eight workers, and these would probably have been hit not only "in the neck," but in other vital and essential portions of the human anatomy. Dangers to human life should be guarded against in every practicable and possible manner, and strong, non-explosive cooking utensils should be provided in our kitchen.

It would be well to add a few books to our library from time to time as they are published.

We need as much sunlight and fresh air everywhere in behalf of the sick as possible. To this end solariums or sun-rooms should be built at the end of each hall in each building throughout the entire establishment. These sun-rooms are not very expensive, but they add very much to the comfort and satisfaction of the patients. Noisy patients are more quiet and irritable patients are more tractable when they are afforded the fullest benefits of air and sunlight; and these blessings can be secured throughout the year by means of solariums.

DIET FOR THE INSANE.

This subject is so important that I hope we may be pardoned for referring to it in our reports from year to year. The ancients gained strength and prolonged life by the mixed use of corn, wine and oil. In these latter days, we find that shredded wheat and rare roast beef are used as leading articles of diet by champion scullers in our boat races. In the care of the insane, we still find that milk is a much appreciated and most valuable article of diet. In connection with the use of milk we may add the products of wheat, and oats, and barley, and beans, and corn. We think the best features of these grain foods will be still further discovered and appreciated in the near future. Corn mush and milk was a leading article of diet among the Puritans in the early history of New England, and certainly the record shows a high development in muscular activity, and in stiffness of conscientious purpose on the part of those devoted

Middletown State Hospital—Annual Report

and invincible Pilgrims. To obtain the greatest amount of brain and nerve stimulus we are obliged to use lean meats and fresh fish. To counteract the overheating effects of such articles, we should use vegetables and fruit. We repeat what has been said heretofore, that a mixed diet, in carefully calculated proportions, will probably produce the most satisfactory results in the long run.

Whatever may be the leading articles of diet it should be the aim of those who furnish nourishment to the sick to infuse, as far as possible, into every meal the spirit of contentment and satisfaction with that which has been provided. Sir Arthur Mitchell, of Edinburgh, Scotland, formulated a wise conclusion when he said that "under circumstances a man will grow fat on sawdust pudding, while under other circumstances he will starve to death on beefsteak and porter." Diet of whatever sort must be administered with the spirit of cheerfulness, and accepted with the grace of contentment. Every patient when he eats should learn to say honestly and truthfully with St. Paul: "I have learned, in whatsoever state I am, therewith to be content." The teaching of contentment in the administration of food has been one of the efforts made by the authorities at this hospital during the years gone by, and therefore it becomes a part of the general record and history of the institution.

BRAIN POISONS AND THEIR ANTIDOTES.

Hospital for mental invalids are repair shops for the renovation of the brain. This organ is subject to numerous diseases, but very largely it is affected by poisonous substances which may enter the human system through the mouth or nose, or which may be developed in organs more or less remote from the cerebral mass. The human brain may be poisoned:

- (1.) By bad food or water.
- (2.) By bad air and malarial influences.
- (3.) By impure blood.
- (4.) By drugs.
- (5.) By stimulants.

Middletown State Hospital—Annual Report

(6.) By suppression of excretions from the kidneys, such as uræmic poison; also suppression of excretions from the skin.

(7.) By auto-intoxication from imperfect defecation.

Bad food, and bad water, and bad air often increase the pabulum of bad blood. The blood is made bad by the absorption of those substances or atmospheres which produce, or tend to produce death. Bad blood is also engendered by the use of poisonous drugs and overpowering stimulants and narcotics. The brain is an organ which requires a very large supply of blood; hence it is reasonable to suppose that if that vital fluid is impure then the brain will very quickly become charged with the poisonous substances carried to it through the conduits of the arterial system.

The brain is the organ of the mind, and it creates and furnishes the energy by which all mental action is made manifest. The working of the brain is affected by those soul-impulses which are known as the emotions and passions. The so-called pleasurable emotions stir and stimulate the brain to healthful action and aid in the removal of poisons or wornout *debris*. The emotions of anger or fear, or the passions of deadly hate and fierce revenge, benumb, paralyze, weaken and exhaust the energies of the nerve cells, and consequently make them ready for the inception of poisonous substances.

Following exciting motions, we find spasmodic constrictions of the arteries; depressing emotions cause a relaxation of the coats of the blood vessels, and there is a consequent engorgement of the venous circulation. In all these conditions there is an inevitable tendency on the part of the brain to absorb every impurity conveyed to it by the blood. Almost every poisonous drug finds its way primarily, with deleterious effect, to the brain tissues. Stimulants "fly to the head" at the outset, and diffuse their dangerous energies throughout the system at a later date. Narcotics benumb the forces of the cerebrum before they induce a general *malaise* throughout the system. Each poison produces, probably, its own individual effect. The aim of the microscopist

Middletown State Hospital—Annual Report

and the psychologist in these days is to discover each individual pathological condition, and point out its proper antidote. The blood is the medium through which all poisons reach the brain; it is also the medium through which antidotes and restoratives of every kind and variety must be transmitted.

Accompanying and oftentimes preceding the effects of bad food, and bad drink, and bad air, and bad blood, dangerous drugs, and yet more dangerous stimulants, we find that mysterious and soul-wearing influence known as worry. Worry is the sand that produces most of the friction, most of the wear, and most of the hot-boxes in the running gear of the chariot of life. It works in hidden places, and its results come to us under other names. But after all, it is worry which deepens the degradation of every troubled soul, and it is worry that breaks down and wears out with its ceaseless and monotonous reiteration every fibre and cell of the nervous system of its victim.

To protect the brain from external poisons, we should avoid with scrupulous care, as far as possible, the inception of bad food, bad water, bad air, bad drugs, and bad stimulants; and we should seek constantly to eat and drink and breathe those elements which are most pure and most healthful. Above all, we should shun the wear and tear of worry.

The brain is sometimes poisoned by the suppression of excretions from the various organs of the body. The most important excretory organs are the kidneys, the bowels, the sweat-glands, and the lungs. When the kidneys are diseased, and fail in the performance of their excretory and cleansing duty, then the brain quickly becomes poisoned in the most overpowering manner. The suppression of action upon the part of the sweat-glands or the lungs and air passages may result in sudden congestions, in violent fevers, in pneumonias, in bronchial affections, and in throat disorders. The delirium of fever is simply an evidence of the profoundly poisonous effects caused by the suppression of the normal action of main excretory organs of the body.

Middletown State Hospital—Annual Report

Finally, there is a condition which is less marked to the casual observer, but which undoubtedly exists to a very dangerous extent, and that is auto-intoxication as a result of imperfect defecation. The dangers of neglect to the human boiler, so far as unraked ashes are concerned, would be absolutely astounding if their extent could be known and understood by the masses. Through ignorance the people subject themselves to slow but inevitable poisoning, although they would be horrified if accused of suicide in this direction. The absorption of poison from the undischarged feces is a prominent cause of headaches, vertigo, insomnia, and general depression and anxiety of mind. It seems to me hardly possible for constipation and a clear conscience to co-exist in the same being. Where the former exists, the latter is almost inevitably impaired. The absorption of self-generated poison affects not only the brain and nervous system, but likewise the mind and heart.

We point out these facts because our attention has been called to such things repeatedly when observing the physical and mental states of the patients committed to our care. We feel that in this report we should warn the people against those sins of omission, with regard to bodily care, of which they are so often guilty. The dangers of such omissions are protean in their nature. A practical and careful attention to all the physical details of life is essential to the preservation of bodily health, to the prevention of brain poison, and to the promotion of sentiments of peace and happiness within the human soul.

We should avoid that which produces disease; we should fortify ourselves against the inroads of our pathological enemies; we should cultivate strength by useful and effective exercises; and we should cleanse our physical systems regularly, systematically and frequently of all acquired wastes. To crown all, we should keep our tempers, and regulate our emotions with the most scrupulous care. When these things are done, the people will eliminate from the category of disease that dread disorder known as insanity.

Middletown State Hospital—Annual Report

ACKNOWLEDGMENTS.

During the past year the members of the State Commission in Lunacy have offered, from time to time, very excellent suggestions as to the care and improvement of the establishment; and they have also bestowed upon us kind and encouraging words of approval of our work. Whether such words are always deserved, we cannot say, but we most positively assert that every syllable of kindly and uncritical approval of our efforts is appreciated most heartily; and each word thus spoken becomes a stimulus to better efforts in the future.

For more than twenty years, we have enjoyed the blessing of cordial and fraternal association with the various members of the board of managers of this hospital. It is my great privilege and my most pleasurable duty on this occasion to state that the advice, and instructions, and directions of the board have proved to me at all times the most valuable of inspirations. On all occasions the words of the managers have been to me an invigorating aid in the performance of trying, delicate, and sometimes burdensome duties.

To Dr. Kinney and to Dr. Arthur, and, in fact, to all the members of the medical staff, I am under renewed obligations for every effort which they have put forth to maintain the honor and dignity of the hospital, to promote the interests of those who temporarily sojourn here, and to effect the restoration of the sick committed to our care.

For the past twenty years Dr. Kinney has served this institution with the utmost fidelity and devotion to the best interests of the hospital, and the highest welfare of the patients. It, therefore, afforded me pleasure to promote him to the position of first assistant physician, feeling that a larger opportunity would result in still greater achievements than those of the past.

Dr. Arthur's promotion to the position of second assistant physician affords him an opportunity to look after the interests and welfare of the patients in the male department, and his genial and kindly bearing toward the sick have cheered the

Middletown State Hospital—Annual Report

hearts of many who were inclined to desponding thoughts and pessimistic views.

In the preparation of this report, Dr. Kinney aided me by compiling and arranging the symptoms of the remedies presented, and by preparing a case of *habeas corpus*; Dr. Arthur prepared the bureau of information, and furnished a synopsis of ten clinical cases; Dr. Horner compiled notes on six cases of imbecility, and the other members of the staff gave their aid as far as possible, and in various ways.

Last spring my former first assistant, Dr. George Allen, left this field of usefulness to engage in other toils. For seven years Dr. Allen wrought with zeal and patience and fidelity in the work of aiding in the restoration of the sick. I desire to record here my appreciation of Dr. Allen's services while under my direction at this hospital. He will long be remembered at this institution for his scholarly attainments, and his kindness to patients and employes.

We wish to tender our thanks to the steward and his co-workers, the matron, the supervisors, the nurses and attendants, the heads of all the minor departments, and, in fact, to every employe of the hospital who has contributed in any way toward the welfare and prosperity of the institution.

We wish to thank the editors and proprietors of the Middletown Times, the Middletown Argus and the Middletown Press, the Independent Republican of Goshen, the Warwick Advertiser and the Tri-States Union and the Gazette of Port Jervis for so generously bestowing upon our sick ones during the past year their respective publications.

The following list of exchanges comes to the Conglomerate, and the publications thus received are distributed to the patients on the wards.

The Middletown Argus, the Middletown Times, the Middletown Press and the Middletown Sunday Forum, Signs of the Times, Goshen Democrat, Republican, Babylon Signal, Sag Harbor Express, St. Louis Humorist, New Ideas, Philadelphia; Walden Cit-

Middletown State Hospital—Annual Report

izen, Herald, Passaic, N. J.; Waterville Times, Hamilton Republican, Kingston Leader, Ovid Independent, Penn Yan Democrat, Lancaster Argus, St. John, N. B.; The Trained Nurse, New York; Liberty Register, Monticello Republican-Watchman, Dundee Observer, Canandaigua Messenger, Bath Advocate.

We likewise thank the clergy for the unremitting consolations which they have bestowed in a ministerial capacity upon the sick ones who are sent here for treatment. I also wish to thank the choirs for the music which has been furnished from week to week, and which has had an excellent effect in soothing and calming the minds of the sick upon all the sacred Sabbaths of the year.

In conclusion, we render humble thanks to the Almighty Creator for His care and protection during the semester of another twelve months; and we earnestly implore throughout the future His guidance and direction in all things which make for the comfort and peace and welfare of the mental invalids who have been committed to our charge.

Very respectfully submitted,

SELDEN HAINES TALCOTT.

EXPLANATORY NOTES AS INDEX TO TABLES

1. Showing movements of population for the year ending September 30, 1897.

2. General statement, October 1, 1897.

3. Showing the assigned causes of insanity in cases admitted during the current year.

4. Showing forms of insanity in those admitted, recovered and died during the year ending September 30, 1897, and since October 1, 1888.

5. Showing results of treatment in presumably curable cases for the current year.

6. Showing the duration of insanity previous to admission, and the period under treatment of patients discharged recovered during the current year, and since October 1, 1888.

7. Showing the causes of death of patients who died during the current year and since October 1, 1888.

8. Showing hereditary tendency to insanity in patients admitted during the current year and since October 1, 1888.

9. Showing civil condition of patients admitted during the current year and since October 1, 1888.

10. Showing degree of education of patients admitted during the current year and since October 1, 1888.

11. Showing the duration of insanity previous to admission, and the period under treatment of patients who died during the current year and since October 1, 1888.

12. Showing ages of those admitted during the current year and since October 1, 1888.

13. Showing ages of those discharged recovered during the current year and since October 1, 1888.

14. Showing ages of patients who died during the current year and since October 1, 1888.

15. Showing alleged duration of insanity previous to admission of patients admitted during the year ending September 30, 1888.

Middletown State Hospital—Annual Report

16. Showing period of residence in asylum of patients remaining under treatment September 30, 1897.

17. Showing the occupation of those admitted during the current year and since October 1, 1888.

18. Showing the nativity of patients admitted during the current year and since October 1, 1888.

19. Showing the residence by counties and classification of patients admitted during the year ending September 30, 1897.

20. Showing the residence by counties and classification of patients remaining under treatment September 30, 1897.

21. Percentage of recoveries.

22. Form of mental disease of those admitted, and of those discharged, with results of treatment, from May, 1874, to September 30, 1897.

23. General statement of operations of the Middletown State Homeopathic Hospital from May 1, 1874, to September 30, 1897.

24. Showing percentage of recoveries, also percentage of deaths, on the whole number of patients admitted, average daily population, whole number treated and whole number discharged, since opening of the institution.

25. Dietary table, showing regular bill of fare for patients.

26. Extra dietary table for patients who are confined to their beds in the hospitals.

Middletown State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
Remaining October 1, 1896	571	590	1,161
Admitted during year ending September 30, 1897	108	123	231
On original commitments, from residences.....	101	115	216
By transfers from other institutions for insane..	7	8	15
Total number under treatment during year.	679	713	1,392
Daily average population	591	602	1,193
Capacity of institution.....	536	518	1,054
Discharged during the year:			
As recovered	43	51	94
As improved	17	18	35
As unimproved.....	4	4	8
As not insane	3	.....	3
Died	37	40	77
Whole number discharged during the year.	104	113	217
Remaining October 1, 1897	575	600	1,175

Middletown State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening, April 20, 1874.

Total acreage of grounds and buildings.....	281
Value of real estate, including buildings.....	\$1,137,646 18
Value of personal property.....	91,200 00
Acreage under cultivation	210

Receipts during year :

From State treasury for maintenance on estimates	
1 to 12 inclusive.....	\$165,297 30
From private patients	52,417 30
From reimbursing patients.....	11,410 16
From all other sources	1,300 38

Total receipts for maintenance	\$230,425 14
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Total receipts from State Commission in Lunacy for extraordinary improvements ..	\$17,619 50
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Disbursements during year for maintenance :

Estimate No. 1. For officers' salaries	\$16,583 51
Estimate No. 2. For wages	85,977 03
Estimate No. 3. For provisions and stores.....	74,591 11
Estimate No. 4. For ordinary repairs	6,056 10
Estimate No. 5. For farm and grounds.....	4,733 98
Estimate No. 6. For clothing	3,077 64
Estimate No. 7. For furniture and bedding.....	7,548 23
Estimate No. 8. For books and stationery	1,427 22
Estimate No. 9. For fuel and light.....	18,965 90
Estimate No. 10. For medical supplies.....	3,032 37
Estimate No. 11. For miscellaneous expenses	8,287 06
Estimate No. 12. For transportation.....	1,511 91

Total disbursements, estimates 1 to 12 inclusive.	\$231,792 06
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Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$17,940 75
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Middletown State Hospital—Annual Report

Table No. 2—(Continued).

Balances October 1, 1887:

General maintenance fund	\$6,107 68
Apportionments by State Commission in Lunacy for extraordinary improvements...	2.45
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	3.736
<hr/>	
Maximum rate of wages paid attendants:	
Men	\$34 per month
Women	\$28 per month
Minimum rate of wages paid attendants:	
Men	\$20 per month
Women	\$14 per month
Proportion of day attendants to average daily population.....	9.4
Proportion of night attendants to average daily population.....	44.2
Percentage of daily patient population engaged in some kind of useful occupation	28.38
Estimated value of farm and garden products during year.....	\$13,595 00
Estimated value of articles made or manufactured by patients during year.....	4,225 00
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Middletown State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year:

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	2	8	10	.....	.....	.....	.....
Mental strain, worry and overwork (not included in above)...	29	35	64	.....	3	3	.....
Religious excitement.	3	2	5	.....	.....	.....	.....
Love affairs (including seduction).....	1	2	3	.....	.....	.....	.....
Fright and nervous shock.....	2	4	6	.....	.....	.....	.....
Physical:							
Intemperance.....	25	3	28	1	.....	1	.....
Sexual excess.....	1	.....	1	.....	.....	.....	.....
Venereal diseases.....	.....	1	1	.....	.....	.....	.....
Masturbation.....	10	2	12	.....	1	1	.....
Sunstroke.....	7	.....	7	.....	.....	.....	.....
Accident or injury....	5	1	6	1	.....	1	.....
Pregnancy.....	.....	2	2	.....	.....	.....	.....
Parturition and Puerperium..	.....	6	6	.....	1	1	.....
Lactation.....	.....	1	1	.....	.....	.....	.....
Change of life.....	.....	13	13	.....	5	5	.....
Fevers.....	.....	1	1	.....	.....	.....	.....
Epilepsy.....	1	3	4	.....	1	1	.....
Diseases of skull and brain.....	.....	2	2	.....	.....	.....	.....
Old age.....	4	3	7	11	13	24	.....
Epidemic influenza....	.....	2	2	.....	.....	.....	.....
Abuse of drugs.....	4	1	5	.....	.....	.....	.....
All other bodily disorders and ill health	4	18	22	3	.....	3	.....
Unascertained.....	8	13	21	.....	.....	.....	.....
Not insane.....	2	.....	2	.....	.....	.....	.....
Total.....	108	123	231	16	24	40	191

Middletown State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	.....	.....	.....	13	.....	11
Mania, acute.....	38	27	.....	559	370	38
Mania, recurrent.....	1	3	.....	11	9	.....
Mania, chronic.....	8	1	7	137	11	20
Melancholia, acute.....	74	47	9	798	415	61
Melancholia, chronic.....	10	4	11	65	12	40
Paranoia.....	44	12	2	365	108	12
General paralysis.....	6	.....	5	114	.....	100
Dementia, primary.....	.....	.....	.....	14	5	.....
Dementia, terminal.....	38	.....	43	443	1	236
Epilepsy with insanity.....	3	.....	.....	50	.....	15
Imbecility with maniacal at- tacks.....	7	.....	.....	43	.....	4
Idiocy.....	.....	.....	.....	2	.....	1
Not insane*.....	2	.....	.....	11	.....	2

* Includes cases of alcoholism, drug habit, etc.

Middletown State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	49	53	102	26	45	71	75	98	173
	5	10	15	3	5	8	8	15	23
	2	4	6	.....	1	1	2	5	7
Mania in acute forms.....	32	24	56	18	25	43	50	49	99
	4	2	6	4	4	8	8	6	14
	3	5	8	3	3	6	6	8	14
All other curable forms.....	25	41	66	.....	3	3	25	44	69
	2	3	5	.....	.....	.....	2	3	5

Middletown State Hospital—Annual Report

Table No. 5—(Continued).

LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INRANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED.																					
CURABLE CONDITIONS.		AVERAGE LENGTH OF IMMUNITY.																			
		UNDER 3 MONTHS.				FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		MEN.		WOMEN.	
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	First ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad-mission.	.....	.....	.....	.....	.....	.....	1	.....	1	2	.....	.....	1	2	4	6	7	6	.....	.....
	Third ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	4	6	5	6	.....	.....
Mania in acute forms.	First ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third ad-mission.	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	4	1	8	.....
All other curable forms.	First ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third ad-mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Middletown State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in { First admission... Second admission... acute forms. { Third admission... Mania in acute { First admission... Second admission... forms. { Third admission... All other cur- { First admission... able forms. { Second admission... Third admission...	17 2 17 1 1 1	30 3 9 1 2 2 1	47 5 26 2 3 3 1	.... .... 1	10 11 7 2 .... ....	.... .... 1	8 9 9 10 5	2 1	7 1 1 1	9 1 1 2	5 1 1 2	4 1 4 3	9 2 5 5	51 5 33 4 4 24 1	57 11 39 8 7 42 1	108 16 7 72 12 11 66 2

Middletown State Hospital—Annual Report

TABLE No. 6.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	19	15	34	.....	.....	.....	117	142	259	7	2	9
One to three months	12	13	25	.....	7	11	95	126	221	46	53	99
Three to six months	4	7	11	.....	13	21	65	68	133	103	140	243
Six to nine months	2	2	4	.....	13	22	44	51	95	85	110	195
Nine months to one year .....	.....	3	3	.....	2	10	8	17	25	65	50	115
One year to eighteen months	1	1	2	.....	6	10	27	39	66	47	67	114
Eighteen months to two years .....	.....	.....	.....	.....	5	8	3	4	7	32	30	62
Two to three years	1	1	2	.....	1	5	16	13	29	16	25	41
Three to four years	2	4	6	.....	.....	1	12	10	22	9	15	24
Four to five years .....	.....	.....	.....	.....	1	1	2	3	5	4	3	7
Five to ten years .....	.....	3	3	.....	3	5	9	16	25	5	13	18
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	2	4	6	1	3	4
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	2	2	4	.....	.....	.....	20	18	38	.....	.....	.....
Total	43	51	94	43	51	94	420	511	931	420	511	931

*Includes cases of alcoholism, opium habit, etc.

Middletown State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Alcoholism				1	...	1
Anasarca and paralysis of heart				1	1	2
Ante-mortem heart clot				1	...	1
Anthrax				2	...	2
Aortic insufficiency				1	...	1
Apoplexy	12	6	18	44	34	78
Appendicitis .....				...	1	1
Asphyxia .....				...	1	1
Bronchitis	1	...	1	3	2	5
Carcinoma		2	2	2	4	6
Cardiac disease	3	4	7	8	13	21
Cystitis	1	...	1	4	...	4
Delirium tremens				3	1	4
Diabetes				1	2	3
Diarrhoea		2	2	...	7	7
Endocarditis .....				...	1	1
Enteritis .....				...	1	1
Enterocolitis .....				...	1	1
Epistaxis .....				...	1	1
Exhaustion from :						
Mania, acute				4	4	8
Mania, acute delirious				11	9	20
Mania, chronic		1	1	5	2	7
Melancholia, acute	2	2	4	17	10	27
Melancholia, acute delirious .....				...	3	3
Melancholia, chronic	4	2	6	19	5	24
Paranoia				1	...	1
Dementia, terminal	9	14	23	99	55	154
General paralysis	1	...	1	75	7	82
Epilepsy				6	5	11
Fistulae .....				...	1	1
Gastritis		1	1	...	2	2
Gastro enteritis .....				...	1	1
Intestinal hemorrhage				1	1	2
Intussusception .....				...	1	1
Meningitis, acute				1	1	2
Multiple neuritis .....				...	1	1
Myelitis	1	...	1	1	...	1
Nephritis		2	2	1	4	5
Paralysis .....				...	1	1

Middletown State Hospital—Annual Report

TABLE No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1898.		
	Men.	Women.	Total.	Men.	Women.	Total.
Phthisis	1	....	1	6	10	16
Pneumonia .....	....	2	2	....	6	6
Pulmonary disease.....	1	2	3	3	5	8
Pyæmia .....	....	....	....	....	1	1
Rupture of heart.....	....	....	....	2	1	3
Sarcoma .....	....	....	....	1	....	1
Schirrus of uterus.....	....	....	....	....	1	1
Suicide.....	....	....	....	3	1	4
Traumatism .....	....	....	....	1	....	1
Typhloenteritis.....	....	....	....	....	1	1
Tuberculosis	1	....	1	1	1	2
Ulceration of rectum .....	....	....	....	....	1	1
Total	37	40	77	329	211	540

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	12	6	18	120	120	240
Maternal branch	12	8	20	143	150	293
Paternal and maternal branches .....	....	1	1	19	18	37
Collateral branches.....	4	14	18	92	134	226
No hereditary tendency ..	72	88	160	861	782	1,643
Unascertained	8	6	14	87	99	186
Total	108	123	231	1,322	1,303	2,625

Middletown State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	48	47	95	634	408	1,132
Married	49	61	110	578	619	1,197
Widowed	10	15	25	98	176	274
Divorced	1	.....	1	3	6	9
Unascertained .....	.....	.....	.....	9	4	13
Total	108	123	231	1,322	1,303	2,625

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	6	2	8	64	21	85
Academic	8	13	21	122	183	305
Common school	80	93	173	945	926	1,871
Read and write	1	1	2	26	23	49
Read only .....	.....	4	4	30	26	56
No education	5	1	6	64	58	122
Unascertained	8	9	17	71	66	137
Total	108	123	231	1,322	1,303	2,625

Middletown State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.				SINCE OCTOBER 1, 1888.							
	DURATION PREVIOUS TO ADMISSION.			Total.	DURATION PREVIOUS TO ADMISSION.			Total.				
	Men.	Women.	Men.		Women.	Men.	Women.					
Under one month	4	7	11	2	1	3	34	35	69	51	35	86
One to three months	5	3	8	2	1	3	25	28	53	33	22	55
Three to six months	1	.....	1	3	3	6	34	11	45	29	10	39
Six to nine months	8	2	10	3	2	5	31	14	45	29	6	28
Nine months to one year .....	.....	6	6	.....	.....	.....	11	12	23	13	13	26
One year to eighteen months ..	4	2	6	1	2	3	36	20	56	26	18	44
Eighteen months to two years ..	.....	.....	.....	5	9	14	10	8	18	34	24	58
Two to three years .....	.....	6	6	3	.....	3	35	17	52	33	23	56
Three to four years	5	4	9	.....	4	4	22	17	39	21	12	33
Four to six years .....	.....	2	2	9	6	15	19	9	28	36	18	54
Six to ten years	4	3	7	7	8	15	24	12	36	21	24	45
Ten to twenty years	6	2	8	2	4	6	20	6	26	10	6	16
Twenty years and over .....	.....	1	1	.....	.....	.....	7	12	19	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....
Unascertained .....	.....	2	2	.....	.....	.....	19	10	29	.....	.....	.....
Total	37	40	77	37	40	77	329	211	540	329	211	540
Average duration of insane life (give years and tenths)				4.1	4.3	4.2				3.3	2.4	2.5½

* Includes cases of alcoholism, drug habit, etc.

Middletown State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years .....	.....	.....	.....	.....	2	2
From 10 to 15 years	1	.....	1	7	6	13
From 15 to 20 years	2	4	6	54	43	97
From 20 to 25 years	13	11	24	129	107	236
From 25 to 30 years	8	17	25	147	146	293
From 30 to 35 years	8	11	19	158	168	326
From 35 to 40 years	17	8	25	178	145	323
From 40 to 50 years	26	25	51	264	313	577
From 50 to 60 years	16	21	37	169	184	353
From 60 to 70 years	11	17	28	135	113	248
From 70 to 80 years	6	8	14	61	60	121
From 80 to 90 years .....	.....	1	1	18	13	31
Unascertained .....	.....	.....	.....	2	3	5
Total	108	123	231	1,322	1,303	2,625

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years	2	2	4	26	38	64
From 20 to 30 years	11	14	25	99	123	222
From 30 to 40 years	8	11	19	104	133	237
From 40 to 50 years	8	10	18	99	119	218
From 50 to 60 years	5	10	15	49	63	112
From 60 to 70 years	6	3	9	31	31	62
From 70 to 80 years	3	1	4	12	4	16
Total	43	51	94	420	511	931

Middletown State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years .....	.....	.....	.....	.....	2	2
From 15 to 20 years .....	.....	.....	.....	2	1	3
From 20 to 25 years	1	.....	1	10	3	13
From 25 to 30 years .....	.....	1	1	16	9	25
From 30 to 35 years	1	1	2	25	9	34
From 35 to 40 years	3	4	7	38	14	52
From 40 to 50 years	8	5	13	65	51	116
From 50 to 60 years	8	6	14	61	35	96
From 60 to 70 years	7	10	17	54	39	93
From 70 to 80 years	7	7	14	43	37	80
From 80 to 90 years	2	5	7	14	10	24
Over 90 years .....	.....	1	1	1	1	2
Total	37	40	77	329	211	540

Middletown State Hospital—Annual Report

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	22	22	44
One to three months.....	20	25	45
Three to six months.....	11	13	24
Six to nine months.....	9	12	21
Nine months to one year.....	4	3	7
One year to eighteen months.....	11	9	20
Eighteen months to two years.....	1	2	3
Two to three years.....	3	4	7
Three to four years.....	6	7	13
Four to five years.....	2	4	6
Five to ten years.....	7	7	14
Ten to fifteen years.....	2	7	9
Fifteen to twenty years.....	2	.....	2
Twenty to thirty years.....	.....	4	4
Thirty years and upwards.....	1	.....	1
Not insane*.....	2	.....	2
Unascertained.....	5	4	9
Total.....	108	123	231

* Cases of alcoholism, morphia habit, etc.

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	7	16	23
One to three months.....	17	20	37
Three to six months.....	16	19	35
Six to nine months.....	14	14	28
Nine months to one year.....	19	20	39
One year to eighteen months.....	31	35	66
Eighteen months to two years.....	30	28	58
Two to three years.....	57	48	105
Three to four years.....	58	45	103
Four to five years.....	55	86	141
Five to ten years.....	192	188	380
Ten to fifteen years.....	64	56	120
Fifteen to twenty years.....	11	21	32
Twenty to thirty years.....	4	4	8
Total.....	575	600	1,175

Middletown State Hospital—Annual Report

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year
and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional :						
Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.	8	.....	8	84	5	89
Commercial :						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.	25	.....	25	251	2	253
Agricultural and pas- toral :						
Farmers, gardeners, herds- men, etc.	12	.....	12	202	.....	202
Mechanics at out-door vocations :						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	16	.....	16	104	.....	104
Mechanics, etc., at se- dentary vocations :						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	9	1	10	175	1	176
Domestic service :						
Waiters, cooks, servants, etc.	2	15	17	30	116	146
Educational and higher domestic duties :						
Governesses, teachers, stu- dents, housekeepers, nurses, etc.	1	85	86	23	852	875
Commercial :						
Shopkeepers, saleswomen, stenographers, type- writers, etc. ....	.....	3	3	.....	1	17

Middletown State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Employed in sedentary occupation :						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		6	6	.....	57	57
Miners, seamen, etc	1	.....	1	2	.....	2
Laborers	23	.....	23	307	.....	307
No occupation.....	10	13	23	137	243	380
Unascertained.....	1	.....	1	7	10	17
Total	108	123	231	1,322	1,303	2,625

Middletown State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
United States.....	86	100	186	1,028	1,036	2,064
England	1	2	3	38	25	63
Ireland	12	6	18	120	123	243
Germany.....	3	5	8	76	61	137
France .....	.....	.....	.....	4	7	11
Scotland.....	3	2	5	8	12	20
Canada.....	.....	2	2	7	6	13
Switzerland.....	1	.....	1	6	3	9
Italy.....	1	1	2	4	5	9
Bavaria .....	.....	.....	.....	3	.....	3
Prussia .....	.....	.....	.....	3	2	5
Bohemia.....	.....	.....	.....	.....	4	4
Sweden.....	.....	.....	.....	6	6	12
Saxony .....	.....	.....	.....	1	.....	1
Poland.....	.....	.....	.....	4	1	5
Austria	1	2	3	2	3	5
Russia.....	.....	1	1	1	1	2
China .....	.....	.....	.....	1	.....	1
Japan.....	.....	.....	.....	1	.....	1
Isle of Man.....	.....	.....	.....	.....	1	1
New Brunswick.....	.....	.....	.....	.....	1	1
Hungary .....	.....	1	1	.....	4	4
India .....	.....	.....	.....	2	.....	2
Australia .....	.....	.....	.....	1	.....	1
Holland .....	.....	.....	.....	1	.....	1
Cuba.....	.....	.....	.....	1	.....	1
Norway .....	.....	1	1	.....	1	1
Unascertained .....	.....	.....	.....	4	1	5
Total	108	123	231	1,322	1,303	2,625

Of the total number admitted since the 1st of October, 1888, the parents of 32.60 per cent. were both of foreign birth.

In 1.22 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 0.8 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Middletown State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany	2	.....	2
Allegany	1	.....	1
Broome .....	.....	.....	.....
Cattaraugus .....	.....	.....	.....
Cayuga	1	.....	1
Chautauqua .....	.....	.....	.....
Chemung .....	.....	.....	.....
Chenango .....	.....	.....	.....
Clinton .....	.....	.....	.....
Columbia .....	.....	.....	.....
Cortland .....	.....	.....	.....
Delaware	3	1	4
Dutchess .....	.....	1	1
Erie	4	.....	4
Essex .....	.....	.....	.....
Franklin .....	.....	.....	.....
Fulton	2	.....	2
Genesee	1	.....	1
Greene	2	.....	2
Hamilton .....	.....	.....	.....
Herkimer .....	.....	.....	.....
Jefferson .....	.....	.....	.....
Kings	7	1	8
Lewis .....	.....	.....	.....
Livingston .....	.....	.....	.....
Madison .....	.....	.....	.....
Monroe .....	.....	1	1
Montgomery .....	.....	.....	.....
New York	22	15	37
Niagara	1	.....	1
Oneida .....	.....	.....	.....
Onondaga	3	1	4
Ontario .....	.....	.....	.....
Orange	59	7	66
Orleans .....	.....	.....	.....
Oswego .....	.....	.....	.....
Otsego .....	.....	.....	.....
Putnam	1	.....	1
Queens	2	1	3
Rensselaer	1	2	3
Richmond .....	.....	1	1
Rockland	8	.....	8

Middletown State Hospital—Annual Report

Table No. 19—(Concluded.)

COUNTIES.	Public.	Private.	Total.
St. Lawrence			
Saratoga			
Schenectady	2		2
Schoharie.....			
Schuyler		1	1
Seneca			
Steuben		1	1
Suffolk	3		3
Sullivan	15	3	18
Tioga	3		3
Tompkins			
Ulster.....	42	2	44
Warren		1	1
Washington	5		5
Wayne			
Westchester	1		1
Wyoming	1		1
Yates			
State patients			
Soldiers' Home.....			
Total	192	39	231

Middletown State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	8	10	18	1	.....	1
Allegany .....	.....	.....	.....	.....	.....	.....
Broome	1	.....	1	1	.....	1
Cattaraugus .....	.....	.....	.....	.....	.....	.....
Cayuga	2	1	3	.....	1	1
Chautauqua .....	.....	.....	.....	.....	.....	.....
Chemung	3	1	4	1	.....	1
Chenango	1	2	3	.....	1	1
Clinton .....	.....	.....	.....	.....	.....	.....
Columbia .....	.....	1	1	.....	.....	.....
Cortland .....	.....	.....	.....	.....	.....	.....
Delaware .....	.....	17	17	.....	.....	.....
Dutchess	1	.....	1	.....	2	2
Erie	3	.....	3	.....	.....	.....
Essex .....	.....	.....	.....	.....	.....	.....
Franklin .....	.....	.....	.....	.....	.....	.....
Fulton	1	1	2	1	.....	1
Genesee .....	.....	1	1	.....	.....	.....
Greene .....	.....	3	3	.....	1	1
Hamilton .....	.....	.....	.....	.....	.....	.....
Herkimer .....	.....	.....	.....	.....	.....	.....
Jefferson	1	.....	1	.....	.....	.....
Kings	13	18	31	15	15	30
Lewis .....	.....	.....	.....	.....	.....	.....
Livingston	1	.....	1	.....	.....	.....
Madison	2	2	4	.....	1	1
Monroe	1	2	3	1	4	5
Montgomery .....	.....	.....	.....	.....	.....	.....
New York	27	33	60	43	45	88
Niagara	1	.....	1	.....	.....	.....
Oneida	1	.....	1	.....	.....	.....
Onondaga	12	4	16	.....	4	4
Ontario	1	.....	1	.....	.....	.....
Orange	148	131	279	19	21	40
Orleans .....	.....	.....	.....	.....	.....	.....
Oswego .....	.....	1	1	.....	.....	.....
Otsego .....	.....	.....	.....	.....	.....	.....
Putnam	1	.....	1	.....	.....	.....
Queens	25	20	45	5	5	10
Rensselaer	1	2	3	3	1	4
Richmond	13	15	28	2	2	4

Middletown State Hospital—Annual Report

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland	37	28	65	.....	.....	.....
St. Lawrence .....	.....	.....	.....	.....	1	1
Saratoga	3	8	11	.....	.....	.....
Schenectady .....	.....	.....	.....	1	1	2
Schoharie	1	.....	1	.....	.....	.....
Schuyler .....	.....	.....	.....	.....	1	1
Seneca .....	.....	.....	.....	.....	.....	.....
Steuben .....	.....	.....	.....	1	1	2
Suffolk	40	45	85	1	2	3
Sullivan	42	46	88	2	1	3
Tioga	2	5	7	.....	2	2
Tompkins .....	.....	.....	.....	.....	1	1
Ulster	70	68	138	3	2	5
Warren	1	1	2	.....	.....	.....
Washington	2	3	5	.....	.....	.....
Wayne	1	.....	1	.....	.....	.....
Westchester	6	9	15	1	2	3
Wyoming .....	.....	3	3	1	1	2
Yates .....	.....	.....	.....	.....	.....	.....
Unascertained .....	.....	.....	.....	.....	.....	.....
Total	473	481	954	102	119	221

Middletown State Hospital—Annual Report

TABLE No. 21.
Percentage of Recoveries.

YEAR.	Number of insane admitted.	Number discharged recovered.	Percentage.	Number admitted, insane five years and over.	Number discharged, recovered, of those insane five years and over.	Percentage.	Number admitted, insane between two and five years.	Number discharged, recovered, of those insane between two and five years.	Percentage.
1874.....	69	7	10.14	9	1	11.11	6	1	16.66
1875.....	98	30	30.61	12	1	8.33	25	2	8.00
1876.....	113	46	40.70	5	.....	.....	15	3	20.00
1877.....	142	46	32.39	22	1	4.54	19	3	15.78
1878.....	155	61	39.35	25	3	12.00	22	5	22.72
1879.....	137	48	35.03	11	.....	.....	18	4	22.22
1880.....	147	61	41.49	16	3	18.75	17	2	11.76
1881.....	159	61	38.36	13	.....	.....	20	3	15.00
1882.....	174	69	39.65	21	2	9.52	19	2	6.89
1883.....	170	69	40.58	16	5	31.25	25	6	24.00
1884.....	163	68	41.71	11	2	18.18	27	2	7.40
1885.....	203	66	32.51	17	.....	.....	30	4	13.33
1886.....	213	80	37.55	22	1	4.54	29	9	31.03
1887.....	231	96	41.55	31	.....	.....	35	7	20.00
1888.....	217	100	46.08	37	1	2.70	16	6	37.50
1889.....	250	101	40.40	39	1	2.56	31	4	12.90
1890.....	288	105	36.45	30	4	13.33	49	7	14.28
1891.....	355	113	31.83	85	7	8.24	88	3	7.89

Middletown State Hospital—Annual Report

1892.....	338	125	36.87	30	5	16.66	41	6	14.87
1893.....	342	107	31.17	87	3	3.45	46	10	21.74
1894.....	272	80	29.41	30	3	10.00	31	7	22.58
1895.....	275	106	38.12	33	5	15.15	34	6	17.64
1896.....	265	100	37.45	45	4	9.00	33	8	24.24
1897.....	229	94	41.05	30	5	16.66	26	7	26.92
Total.....	5,005	1,839	.....	677	57	.....	937	117	.....

NINTH ANNUAL REPORT OF THE

Middletown State Hospital—Annual Report

Table No. 21—(Concluded).

YEAR.	Number admitted in a year one and two years.	Number discharged recovered of those insane between one and two years.	Per centage.	Number admitted insane between six months and one year.	Number discharged recovered of those insane between six months and one year.	Percentage.	Number admitted insane less than six months.	Number discharged recovered of those insane less than six months.	Percentage.
1874.....	10	.....	.....	15	.....	.....	29	5	17.24
1875.....	8	2	25.00	13	3	23.07	40	32	55.00
1876.....	10	4	40.00	9	2	22.22	74	37	50.00
1877.....	14	2	14.28	18	1	5.55	69	39	56.52
1878.....	19	5	26.31	16	8	50.00	73	40	54.79
1879.....	16	6	37.50	25	5	20.00	67	33	49.25
1880.....	21	5	23.80	14	4	28.57	79	47	59.49
1881.....	19	6	31.57	17	5	29.41	90	47	52.22
1882.....	14	3	21.42	28	7	25.00	82	55	67.07
1883.....	26	1	3.84	18	8	44.44	85	49	57.64
1884.....	18	6	33.33	16	8	50.00	91	50	54.94
1885.....	25	5	20.00	30	11	36.66	101	46	45.54
1886.....	38	9	23.68	29	7	24.13	95	54	56.84
1887.....	31	10	32.25	37	14	57.83	97	65	67.01
1888.....	21	12	57.14	30	19	63.33	113	62	54.86
1889.....	34	12	35.29	39	15	38.46	107	69	64.48
1890.....	40	14	35.00	29	13	44.83	140	67	47.86
1891.....	29	6	26.89	34	20	58.82	169	75	44.38
1892.....	30	7	23.33	42	14	33.33	268	81	48.21

Middletown State Hospital—Annual Report

1893.....	42	24	57.14	34	33	97.06	119	37	31.09
1894.....	25	8	30.20	33	32	96.96	132	30	22.72
1895.....	23	7	30.43	31	16	51.61	127	65	51.18
1896.....	28	5	17.86	36	14	38.85	118	64	54.26
1897.....	23	18	78.26	28	32	114.28	113	32	28.32
Total.....	564	177	.....	621	291	.....	2,378	1,171	.....

Middletown State Hospital—Annual Report

TABLE No. 22.
Form of Mental Disease of Those Admitted and of Those Discharged, with Results of Treatment, from May, 1874, to September 30, 1897.

FORM.	NUMBER OF INSANE ADMITTED.		NUMBER DISCHARGED RECOVERED.		NUMBER OF IN-SANE DISCHARGED IMPROVED.		NUMBER OF IN-SANE DISCHARGED NOT IMPROVED.		NUMBER OF IN-SANE DISCHARGED DEAD.	
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.
Mania, acute	462	513	320	350	31	28	10	15	26	46
Mania, acute delirious	11	19	30	3	...	...	...	...	13	11
Mania, sub-acute (Paranoia)	341	332	146	117	42	46	28	30	6	10
Mania, recurrent	...	10	...	9	1	2	...	...	...	...
Mania, chronic	160	227	387	2	29	32	63	86	22	12
Melancholia, acute	566	764	1,330	426	57	71	128	33	42	51
Melancholia, acute delirious	2	6	...	...	...	...	...	...	2	3
Melancholia, sub-acute	7	3	10	...	...	...	...	...	...	...
Melancholia, with stupor	15	22	37	7	3	4	5	3	...	6
Melancholia, chronic	59	106	165	9	17	31	26	41	30	20
Dementia, acute primary	30	12	42	25	4	...	...	2	...	...
Dementia, alcoholic	75	10	85	43	2	2	1	1	...	1
Dementia, masturbatic	38	51	5	7	2	1	5	1	...	...
Dementia, terminal	435	351	786	...	44	29	73	92	176	119
General paresis	212	28	240	...	24	4	28	37	160	15
Epileptic insanity	81	52	133	1	13	6	19	20	12	11
Imbecility	32	11	43	...	3	1	4	3	3	1
Idiocy	1	1	2	...	...	...	...	...	...	1
Total	2,527	2,478	5,005	874	272	257	302	350	493	306
				965	1,839	529	652	799		

Middletown State Hospital - Annual Report

TABLE No. 23.
General Statement of Operations of the Middletown State Homeopathic Hospital, from May, 1874, to September 30, 1897.

YEAR.	WHOLE NUMBER ADMITTED.			NUMBER DISCHARGED.			NUMBER TREATED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874.....	27	42	69	7	7	14	27	42	69
1875.....	49	50	99	38	34	72	69	85	154
1876.....	53	60	113	55	55	110	82	113	195
1877.....	76	67	143	44	56	100	105	123	228
1878.....	71	85	156	65	73	138	132	152	284
1879.....	67	70	137	58	61	119	135	148	283
1880.....	76	71	147	73	58	131	153	158	311
1881.....	93	67	160	65	59	124	173	167	340
1882.....	82	93	175	77	74	151	190	201	391
1883.....	101	69	170	77	73	150	214	196	410
1884.....	86	77	163	85	56	141	222	201	423
1885.....	109	95	204	72	59	131	246	240	486
1886.....	101	112	213	82	75	157	275	293	568
1887.....	117	114	231	94	93	187	310	332	642
1888.....	111	106	217	98	115	213	327	345	672
1889.....	146	104	250	101	94	195	375	384	709
1890.....	149	139	288	101	95	196	423	379	802
1891.....	176	179	355	105	91	196	498	463	961

Middletown State Hospital - Annual Report

Table No. 23—(Concluded).

YEAR.	WHOLE NUMBER ADMITTED.			NUMBER DISCHARGED.			NUMBER TREATED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1892.....	157	182	339	115	135	250	550	554	1,104
1893.....	163	180	343	113	107	219	598	599	1,197
1894.....	145	129	274	111	94	205	631	621	1,252
1895.....	146	132	278	112	98	210	666	659	1,325
1896.....	132	135	267	115	106	221	686	696	1,382
1897.....	108	123	231	104	113	217	679	713	1,392
Total.....	2,541	2,481	5,022	1,966	1,881	3,847	.....	.....	.....

Middletown State Hospital—Annual Report

Table No. 23—(Continued).

YEAR.	NUMBER DISCHARGED RECOVERED.			NUMBER DISCHARGED IMPROVED.			NUMBER DISCHARGED UNIMPROVED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874.....	5	2	7	.....	3	3	.....	.....	.....
1875.....	15	15	30	5	10	15	9	6	15
1876.....	26	20	46	7	4	11	13	24	37
1877.....	21	25	46	10	11	21	7	11	18
1878.....	26	35	61	7	9	16	18	25	43
1879.....	20	28	48	12	8	20	13	22	35
1880.....	34	27	61	12	12	24	20	13	33
1881.....	31	30	61	11	7	18	12	18	30
1882.....	36	33	69	6	7	13	22	26	48
1883.....	41	28	69	9	19	28	15	19	34
1884.....	38	30	68	9	5	14	23	14	37
1885.....	37	29	66	5	6	11	12	14	26
1886.....	41	39	80	10	3	13	21	26	47
1887.....	43	53	96	12	11	23	24	22	46
1888.....	40	60	100	13	18	31	22	24	46
1889.....	42	59	101	20	8	28	23	26	49
1890.....	56	49	105	16	22	38	11	12	23
1891.....	55	58	113	19	12	31	3	6	9
1892.....	43	82	125	18	14	32	15	9	24
1893.....	48	69	107	10	8	18	4	10	14
1894.....	30	50	80	22	14	36	5	9	14

Middletown State Hospital—Annual Report

Table No. 23—(Continued).

YEAR.	NUMBER DISCHARGED RECOVERED.			NUMBER DISCHARGED IMPROVED.			NUMBER DISCHARGED UNIMPROVED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1895.....	48	58	106	8	4	12	3	3	6
1896.....	55	45	100	13	24	37	2	6	8
1897.....	43	31	94	17	18	35	4	4	8
Total.....	874	965	1,839	271	257	528	301	349	650

Middletown State Hospital—Annual Report

Table No. 23—(Continued).

YEAR.	NUMBER DISCHARGED DEAD.			NUMBER DISCHARGED ELOPED.			NUMBER DISCHARGED NOT INSANE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874.....	2	2	4	.....	.....	.....	.....	.....	.....
1875.....	8	3	11	.....	.....	.....	1	.....	1
1876.....	6	8	14	2	.....	2	.....	.....	.....
1877.....	5	9	14	.....	.....	.....	1	.....	1
1878.....	11	4	15	2	.....	2	1	.....	1
1879.....	12	3	15	1	.....	1	.....	.....	.....
1880.....	7	6	13	.....	.....	.....	.....	.....	.....
1881.....	11	4	15	.....	.....	.....	.....	.....	.....
1882.....	13	*7	20	.....	.....	.....	.....	1	1
1883.....	12	6	18	1	.....	1	.....	.....	.....
1884.....	14	7	21	1	.....	1	.....	.....	.....
1885.....	17	10	27	.....	.....	.....	1	.....	1
1886.....	10	7	17	.....	.....	.....	.....	.....	.....
1887.....	15	7	22	.....	.....	.....	.....	.....	.....
1888.....	23	13	36	.....	.....	.....	.....	.....	.....
1889.....	14	1	15	2	.....	2	.....	.....	.....
1890.....	18	12	30	.....	.....	.....	.....	.....	.....
1891.....	28	15	43	.....	.....	.....	.....	.....	.....

* Includes three admitted "not insane" discharged dead.

Middletown State Hospital—Annual Report

Table No. 23—(Concluded).

YEAR.	NUMBER DISCHARGED DEAD.			NUMBER DISCHARGED ELOPED.			NUMBER DISCHARGED NOT INSANE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1892.....	37	30	67	1	.....	1	1	.....	1
1893.....	49	30	79	.....	.....	.....	1	.....	1
1894.....	*52	21	73	1	.....	1	1	.....	1
1895.....	*51	31	82	.....	.....	.....	1	1	2
1896.....	43	31	74	.....	.....	.....	2	.....	2
1897.....	37	40	77	.....	.....	.....	3	.....	3
Total	495	307	802	11	.....	11	13	2	15

* Includes three admitted "not insane" discharged dead.

Middletown State Hospital - Annual Report

TABLE NO. 24.
Showing Percentage of Recoveries, also Percentage of Deaths on whole Number of Patients Admitted, Average Daily Population, Whole Number Treated, and Whole Number Discharged since the Opening of the Institution.

YEAR.	Number patients admitted.	Recovered.	Percentage.	Average daily population.	Recovered.	Percentage.	Whole number treated.	Recovered.	Percentage.	Number discharged.	Recovered.	Percentage.
1874.....	69	7	10.14	31	7	22.58	69	7	10.14	14	7	50.00
1875.....	99	30	30.61	62	30	48.38	154	30	18.38	72	30	41.66
1876.....	113	46	40.70	85	46	54.12	195	46	23.58	110	46	41.81
1877.....	143	46	32.39	110	46	41.92	228	46	20.17	100	46	46.00
1878.....	156	61	39.35	132	61	46.21	284	61	21.44	138	61	44.20
1879.....	137	48	35.03	166	48	28.91	283	48	16.96	119	48	40.33
1880.....	147	61	41.50	186	61	32.70	311	61	19.61	131	61	46.56
1881.....	160	61	38.36	213	61	28.64	340	61	17.94	124	61	49.11
1882.....	175	69	39.65	237	69	29.11	391	69	17.67	151	69	45.69
1883.....	170	69	40.59	265	69	26.03	410	69	16.82	150	69	46.00
1884.....	163	68	41.71	289	68	23.52	423	68	16.07	141	68	48.22
1885.....	204	66	32.51	329	66	20.06	486	66	13.58	131	66	50.38
1886.....	213	80	37.56	410	80	19.51	568	80	14.08	157	80	50.95
1887.....	231	96	41.56	467	96	20.55	642	96	14.98	187	96	51.33
1888.....	217	100	46.08	506	100	19.76	672	100	14.88	213	100	46.94
1889.....	250	101	40.40	536	101	18.84	709	101	14.24	195	101	51.79
1890.....	288	105	36.46	573	105	18.16	802	105	11.84	196	105	53.57
1891.....	355	113	31.83	709	113	15.93	961	113	11.75	196	113	57.65

Middletown State Hospital—Annual Report

Table No. 24—(Continued).

YEAR.	Number patients admitted.	Recovered.	Percentage.	Average daily population.	Recovered.	Percentage.	Whole number treated.	Recovered.	Percentage.	Number discharged.	Recovered.	Percentage.
1892.....	339	125	34.02	827	125	15.11	1,104	125	11.32	250	125	50.00
1893.....	343	107	31.28	976	107	10.96	1,197	107	8.95	219	107	48.86
1894.....	274	80	29.19	1,021	80	7.84	1,352	80	6.39	205	80	39.02
1895.....	278	106	38.12	1,097	106	9.66	1,325	106	8.00	210	106	50.47
1896.....	267	100	37.45	1,154	100	8.66	1,382	100	7.24	221	100	45.25
1897.....	231	94	40.69	1,193	94	7.87	1,392	94	6.73	217	94	48.31

Middletown State Hospital - Annual Report

Table No. 24—(Continued).

YEAR.	Number of patients admitted.	Deaths.	Percentage.	Average daily population.	Deaths.	Percentage.	Whole number treated.	Deaths.	Percentage.	Whole number discharged.	Deaths.	Percentage.
1874.....	69	4	5.65	31	4	12.90	69	4	5.79	14	4	28.57
1875.....	99	11	11.11	62	11	17.74	154	11	7.23	72	11	15.42
1876.....	113	14	12.38	85	14	16.47	195	14	7.17	110	14	12.72
1877.....	143	14	9.79	110	14	12.72	228	14	6.14	160	14	14.00
1878.....	156	15	9.61	132	15	11.36	284	15	5.28	138	15	10.87
1879.....	137	15	10.94	166	15	9.03	233	15	5.30	119	15	12.60
1880.....	147	13	8.84	186	13	6.98	311	13	4.18	131	13	9.92
1881.....	160	15	9.37	213	15	7.04	340	15	4.41	124	15	12.09
1882.....	175	20	11.42	237	20	8.44	391	20	5.11	151	20	13.24
1883.....	170	18	10.57	265	18	6.41	410	18	4.39	150	18	12.00
1884.....	163	21	12.88	289	21	7.26	423	21	4.96	141	21	14.89
1885.....	204	27	13.23	329	27	8.20	486	27	5.55	131	27	20.61
1886.....	213	17	7.98	410	17	4.14	568	17	2.99	157	17	10.83
1887.....	231	22	9.52	467	22	4.71	642	22	3.42	187	22	11.76
1888.....	217	36	18.58	506	36	7.11	672	36	5.35	213	36	16.90
1889.....	250	15	6.00	536	15	2.79	709	15	2.11	195	15	7.69
1890.....	288	30	10.41	578	30	5.19	802	30	3.74	196	30	15.30
1891.....	355	43	12.11	709	43	6.06	961	43	4.47	196	43	21.42
1892.....	339	67	19.76	827	67	8.10	1,104	67	6.06	250	67	26.80
1893.....	343	79	23.03	976	79	8.09	1,197	79	6.50	219	79	36.07

NINTH ANNUAL REPORT OF THE

Middletown State Hospital—Annual Report

Table No. 24—(Concluded).

YEAR.	Number of patients admitted.	Deaths.	Percentage.	Average daily population.	Deaths.	Percentage.	Whole number treated.	Deaths.	Percentage.	Whole number discharged.	Deaths.	Percentage.
1894.....	274	73	26.64	1,021	73	7.15	1,252	73	5.83	205	73	35.61
1895.....	278	82	29.14	1,097	82	7.47	1,325	82	6.18	210	82	39.04
1896.....	267	74	27.71	1,154	74	6.41	1,389	74	5.35	221	74	33.30
1897.....	231	77	33.33	1,193	77	6.45	1,392	77	5.53	217	77	35.48

Middletown State Hospital—Annual Report

TABLE No. 25.

Dietary Table, Showing Regular Bill of Fare for Patients.

Monday.

Breakfast.—Bread and butter, oatmeal or hominy, with syrup or milk; beef stew or beefsteak, coffee.

Dinner.—Soup (tomato, split peas or vegetable), potatoes, turnips, or other vegetables, boiled beef, lettuce, bread and butter.

Supper.—Bread and butter, rice, with syrup or milk; sauce or berries, tea.

Tuesday.

Breakfast.—Cornmeal or cracked wheat and milk, hash, boiled potatoes, bread and butter, coffee.

Dinner.—Corned beef, boiled cabbage, or sweet corn, or string beans, potatoes, radishes or raw onions, bread pudding, bread and butter, fruit.

Supper.—Bread and butter, apple sauce or stewed prunes, crackers and cheese, tea.

Wednesday.

Breakfast.—Bread and butter, cracked wheat and syrup and milk, sausage, eggs, potatoes, coffee.

Dinner.—Roast beef, potatoes, onions or beets, milk, bread and butter, lettuce, fruit.

Supper.—Bread and butter, sauce or berries, molasses cake, tea.

Thursday.

Breakfast.—Oatmeal and milk, beef stew or beefsteak, potatoes, bread and butter, coffee.

Dinner.—Soup (barley or bean), boiled beef, potatoes, bread and butter, fruit.

Supper.—Bread and butter, sauce or berries, cheese, tea.

Friday.

Breakfast.—Mackerel, or boiled eggs, or codfish, sweet potatoes, cracked wheat and milk, bread and butter, coffee.

Dinner.—Fresh fish, potatoes, onions or canned tomatoes, milk, bread and butter, lettuce, bread pudding.

Supper.—Stewed oysters, crackers, bread and butter, tea, boiled rice, sauce.

Middletown State Hospital—Annual Report

Table No. 25—(Continued).

Saturday.

Breakfast.—Hash, oatmeal or hominy and milk, potatoes, bread and butter, coffee.

Dinner.—Corned beef or ham, and cabbage, potatoes, parsnips, or baked beans, bread and butter, radishes or raw onions, fruit.

Supper.—Bread and butter, sauce or berries, corn bread, tea.

Sunday.

Breakfast.—Bread and butter, coffee, cracked wheat or oatmeal and milk, sausage and potatoes.

Dinner.—Roast beef, potatoes, celery or lettuce, onions, tapioca or rice pudding, or pie, bread and butter, fruit.

Supper.—Bread and butter, tea, sugar cake, sauce or berries.

Milk at every meal.

TABLE No. 26.

Extra Dietary Table for Patients Who Are Confined to Their Beds in the Hospitals.

Monday.

Breakfast.—Bread and butter, graham mush cooked with milk, hot or cold milk, coffee, toast.

Dinner.—Soup (tomato, pea or vegetable), with small pieces of meat in the soup; rice, toast, hot or cold milk, bread and butter, bread pudding.

Supper.—Bread and butter, tea, boiled rice, hot or cold milk, toast.

Tuesday.

Breakfast.—Bread and butter, coffee, hominy, hot or cold milk, toast.

Dinner.—Barley or rice soup (half stock and half milk), with small cubes of meat added, raw onions, fruit, toast, hot or cold milk.

Supper.—Bread and butter, crackers and cheese, toast, sauce, tea, hot or cold milk.

Middletown State Hospital—Annual Report

Table No. 26—(Continued).

Wednesday.

Breakfast.—Bread and butter, cracked wheat, coffee, sausage or eggs, hot or cold milk.

Dinner.—Roast beef, boiled rice, bread and gravy, toast, hot or cold milk.

Supper.—Bread and butter, toast, sauce, tea, hot or cold milk.

Thursday.

Breakfast.—Bread and butter, toast, hot or cold milk, coffee.

Dinner.—Bean soup, bread and butter, fruit, toast, hot or cold milk.

Supper.—Bread and butter, toast, gingerbread, sauce, tea, hot or cold milk.

Friday.

Breakfast.—Bread and butter, coffee, rice, toast, hot or cold milk.

Dinner.—Fish, vegetables, rice, toast, hot or cold milk.

Supper.—Bread and butter, tea, stewed oysters, crackers, toast, hot or cold milk.

Saturday.

Breakfast.—Bread and butter, coffee, toast, cornmeal mush, hot or cold milk.

Dinner.—Meat balls or roast pork, baked beans, boiled potatoes, fruit, pickles or salad, toast, hot or cold milk.

Supper.—Bread and butter, sauce or berries, tea, rice, corn bread, toast, hot or cold milk.

Sunday.

Breakfast.—Bread and butter, sausage, or eggs to those who prefer them, oatmeal, toast, hot or cold milk.

Dinner.—Roast beef, mashed potatoes, celery or lettuce, boiled onions, rice pudding, toast, hot or cold milk.

Supper.—Bread and butter, tea, sauce, sugar cake, toast, hot or cold milk.

Middletown State Hospital—Annual Report

Three kinds of bread—wheat, rye and graham—are furnished at each meal. Corn bread is served at least once each week. Eggs, chicken soup, clam bouillon, beef extracts, beef juices and other concentrated foods, together with preserved fruits and jellies, are given as extra daily diet, when ordered by the physician.

INDUSTRIAL REPORTS

(a) Report of matron.—The matron reports the following list of articles made and repaired in the sewing rooms from October 1, 1896, to September 30, 1897:

Aprons	700
Apron strings.....	51
Bandages	2,991
Bibs	582
Body bandages.....	14
Bureau covers.....	32
Base bags.....	3
Counterpanes	20
Chemises	270
Clothes bags.....	230
Curtains	1
Cushions	13
Coffee strainers.....	5
Corset cover.....	1
Canvass waists.....	88
Drawers, pairs.....	268
Dresses	285
Holders	85
Mattresses	23
Mended, pieces.....	10,415
Mitts, pairs.....	10
Mitt jackets.....	21
Milk strainers.....	9
Napkins	1,559

Middletown State Hospital—Annual Report

Night dresses.....	343
Night shirts.....	1,142
Pillow slips.....	3,647
Protection sheets.....	54
Protection covers.....	25
Shirt waist.....	1
Sheets	4,739
Skirts	128
Tablecloths	117
Towels	6,024

Canning and pickling department:

Catsup, quarts.....	944
Chili sauce, quarts.....	140
Cucumber pickles, quarts.....	92
Currants, canned, quarts.....	25
Currant jelly, pounds.....	83
Grape jelly, pounds.....	7
Grapes, quarts.....	13
Green tomato pickles, gallons.....	135
Gooseberries, quarts.....	25
Marmalade, quarts.....	23
Mulberries, quarts.....	3
Peaches, quarts.....	20
Pears, quarts.....	33
Pear pickles, quarts.....	32
Pepper mangoes, gallons.....	12
Red raspberries, quarts.....	22
Salted cucumbers, gallons.....	450
String bean pickles, quarts.....	32
Tomatoes, quarts.....	6,639
Watermelon preserves, quarts.....	3
Watermelon rind, quarts.....	4

Middletown State Hospital—Annual Report

(b) Engineer's report.—While the engineer and his assistants have been busy almost every moment the past year, some of the more important work accomplished may be specified as follows:

New plumbing has been done in the lavatories of the wards.

Six portable iron bath-tubs have been changed to stationary bath tubs in wards 3, 6, 17, 19, 20 and 22, besides the other bath-tubs and spray baths kept in repair.

New soil waste traps have been laid from the bath-tubs of ward 11.

A new steam coil has been put in the hot water boiler of Annex No. 1. Brass steam coils have been put in the hot water boilers of Talcott Hall and main building.

All direct radiators in main building have been disconnected for repairs, and reconnected. Extensive repairs have been made to return steam pipes, which were corroded and eaten out. A new duplex range has been set up in the kitchen, and the old one removed to the canning department. In the kitchen there have also been set up a new steam-table, two new 80-gallon iron cooking kettles, and the water and steam pipes changed to suit the conditions imposed by the introduction of the new utensils. Nos. 1 and 2 artesian well pumps have been repaired, and the No. 2 equipped with a new plunger and foot valve.

Two new castiron sections have been put into the boiler in the home for women nurses, to replace defectives, and four others kept in repair.

Dry rooms in laundry have been repiped, and steam, water and gas pipes changed to subway in laundry on account of new floor. Twelve new stationary washtubs have been set up in the laundry and piped with hot and cold water and steam. Two steam mangles and other laundry machinery have been moved to more convenient places, and all machinery kept in repair.

The reservoir has been relined with cement, and a new six-inch wash-out pipe has been put in.

A new 150 horse-power boiler has been put into the boiler-house and two old boilers removed. A new relief valve has been

Middletown State Hospital—Annual Report

put in the boiler feed pump on feed water heater, and new connections made. Fifty-six new three-inch tubes have been put in boiler No. 8, and a new set of McClave's grates put under boiler No. 7. All pumps, the ice-machine and boilers have been kept in repair.

The telephone apparatus in the supervisor's office has been removed from the first to the second floor of Pavilion No. 2, and new annunciators have been put in main building. The new laundry building has been wired, and the old rewired for electricity. The electric wires in main building attic and in the attic of Pavilion No. 2 and Talcott Hall have been placed on porcelain instead of wooden cleats, and other electric wires repaired and kept in order, and changes made when necessary. A new circuit has been run from basement of main building for electric stoves and Pavilion No. 1. New circuit has been put in for the bakery, motor running from main building circuit. A number of switches have been put in the basement of the main building, Pavilion Nos. 1 and 2, Annex No. 1 and Annex No. 2, for more convenient cut-outs. All wires and fixtures, motors and dynamos have been kept in repair.

Locks, tinware and cooking utensils, throughout the buildings, have been kept in repair by the engineers.

We should have twelve new water-closets for Pavilion No. 1. This is necessary, because the old ones, through long use, have become defective, as have also the plumbing and the various fixtures. The outlay would be \$450. The plumbing in the air-shafts should be repaired, as long use has rendered it unfit for the proper sanitation of the hospital. This would cost \$500. The return pipes in Talcott Hall and Pavilion Nos. 1 and 2, from the steam heating system, should be renewed, as the pipes in use are badly corroded from chemicals contained in the water. These return pipes caused trouble last winter. We might use them this winter, but steps should be taken at once in the spring to replace them. These returns were originally pitched to return to boilers in basement of pavilions 1 and 2, but these boilers

Middletown State Hospital—Annual Report

are now kept only for auxiliary use, and the pitch has never been changed. If new return pipes were put in, and the pitch gravitated to the boiler-house, it would be a great improvement to the circulation of the heating system. It would cost, it is estimated, \$4,000. The heating system in the main building is direct radiation, and is in fair shape. The return pipes come to the basement floor and under, and are likewise badly corroded by chemicals contained in the water. These return pipes should also be replaced with new ones, which should run on the amply high basement ceiling instead of on and under it. These changes would cost \$1,200. The return pipes of Talcott Hall, Pavilions Nos. 1 and 2, the Annexes and the main building, should be run to steam traps and water traps to boiler-house, to prevent flow of steam and waste to boiler-house. This change would ensure a better circulation in the heating system, with a lower pressure, and would show a great saving of fuel, and at the same time it would be the means of maintaining a more even heat on all the buildings.

While we pride ourselves on the possession of a cool and modern boiler-house, with all boilers and piping now in good condition, we feel as if we should have the modern mechanical system of firing, commonly known as the "Mechanical Stoker." This would simplify work in the boiler-house, would show a great saving of fuel, and would maintain an even pressure on boilers. This modern apparatus would cost \$3,300.

A new modern steel smoke-stack should be erected in the rear of the boiler-house, and the three other stacks removed. This change would improve the appearance of the boiler-house, and give much better draughts. The cost of this improvement would be \$3,350.

The coal switch running from the Erie railroad to the boiler-house should be changed, so as to branch in the woods, and run parallel to the boiler-house. This change would give more room for the storage of coal, and a shed could be arranged over the coal and tracks at the boiler-house so that our year's supply of coal

Middletown State Hospital—Annual Report

could be put in in August and September without a loss from having coal exposed to the open air. To change the switch would cost \$700, and to erect a shed would cost \$1,800.

Our electric lighting apparatus is now becoming out of date, and its capacity overtaxed, having been in use seven years. We should have an engine of 100 horse-power directly connected with one modern dynamo of 1,000 lights; our present engine and dynamos could then be used when this is overtaxed, and also used for auxiliary lighting while the change is being made in the balance of the plant. This would probably entail an expenditure of \$3,500. The meat market engine should be taken out, and replaced by a motor, and the main building rewired in a manner more modern than at present. We should have a motor of 15 horse-power for running the workshop. This would be a great convenience, and would cost only \$300. Our laundry, as well, should be driven by electric motors, and our present laundry engine abandoned. The laundry should have three separate motors, so that when part of the laundry is idle that part could be cut out, and nothing run except that in actual use. This would cost \$900, and would save a great deal of friction that is now used in belting from engine to laundry.

(c) Carpenter's report.—The carpenter reports the following new work and repairs:

One new shelf for water tank.

Twenty ironing boards for laundry.

One new door.

New boxing around belts in laundry.

Four new forms for brick arches.

New shelves in laundry.

New end in drying room at laundry.

New slat floor in front of tubs.

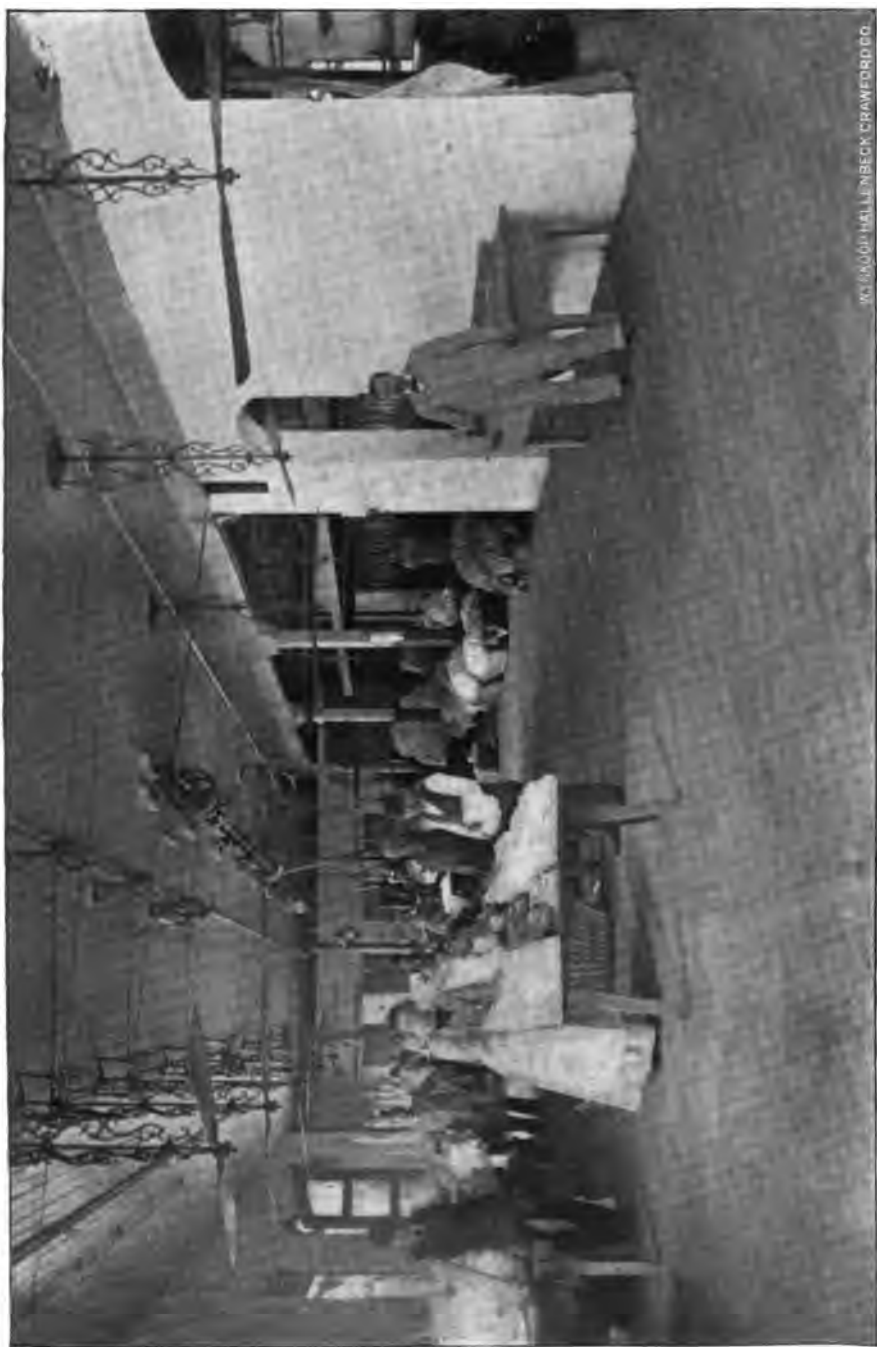
New splash board and shelves on new tubs.

New planking in basement of ice-house.

New studding and trimming in four new rooms in Nurses' Homes.

Middletown State Hospital—Annual Report

- New stair rails in Nurses' Homes.
- New medicine box for pharmacy.
- Six new stepladders.
- Two new horses for painter's use.
- New trimming, and clothes hooks, Ward 17.
- Three new towel rollers.
- New shelving in kitchen storeroom.
- One new dining table, Ward 23.
- Three new soap boxes for laundry.
- One dining table, Ward 12.
- Three new window screens.
- Putting up one new mantle.
- One new door.
- Two new ventilators in dynamo room.
- New floor in elevator shaft.
- Three new gates, and 600 feet of barnyard fence.
- New shelf for fire pails, and boxing air shaft.
- New base and mouldings in bathroom, Ward 23.
- Six new tables for kitchen.
- New shelves in tailor shop.
- New trim and hooks in clothes-room, Ward 19.
- Making and setting window frame, Ward 26.
- Making and hanging 67 window shades.
- New curtain stretcher for laundry.
- Putting up clothes hooks, Wards 2 and 3.
- New partitions in attic of kitchen for storeroom.
- Cutting and fitting new door and trim in steward's office.
- New partitions in pigpen.
- Seventy-five shipping boxes for pharmacy.
- New door sills for greenhouses.
- Five new doors for pigpens.
- One pair skids for storeroom.
- New shelving in pantry, Pavilion No. 1.
- Resetting 10 troughs in pigpen.
- Enlarging two doors in pigpen.



W. S. G. S. H. H. L. N. S. B. C. K. C. R. A. W. F. O. R. D. C. O.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—GENERAL VIEW IN LAUNDRY.



WYKOFF-HALL-LENBEEK-CRAWFORD CO.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL. -- WASHING ROOM -- LAUNDRY.



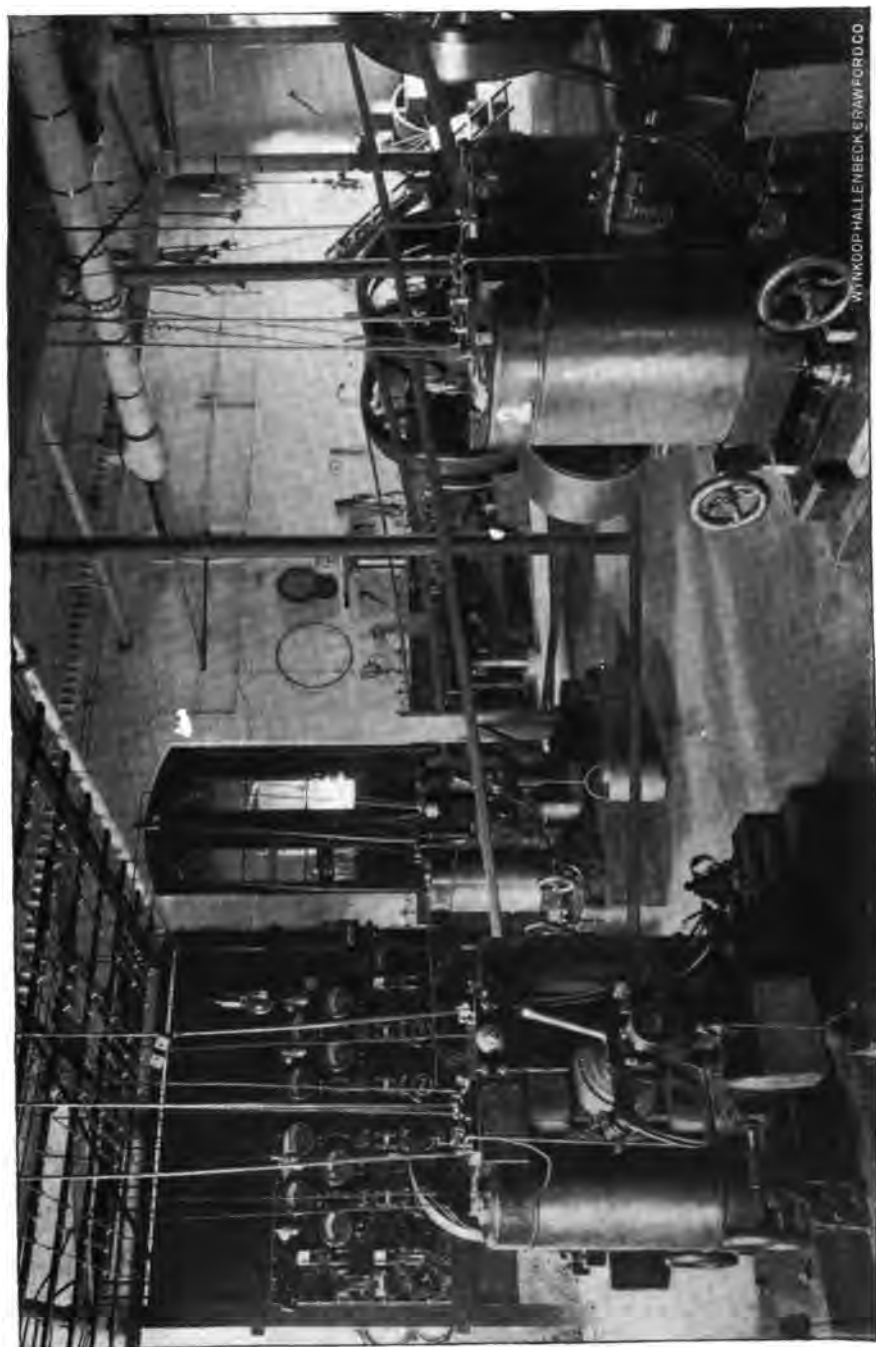
W. WOODHALL & SONS, CRAWFORD CO.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—RESERVOIR PLAZA.



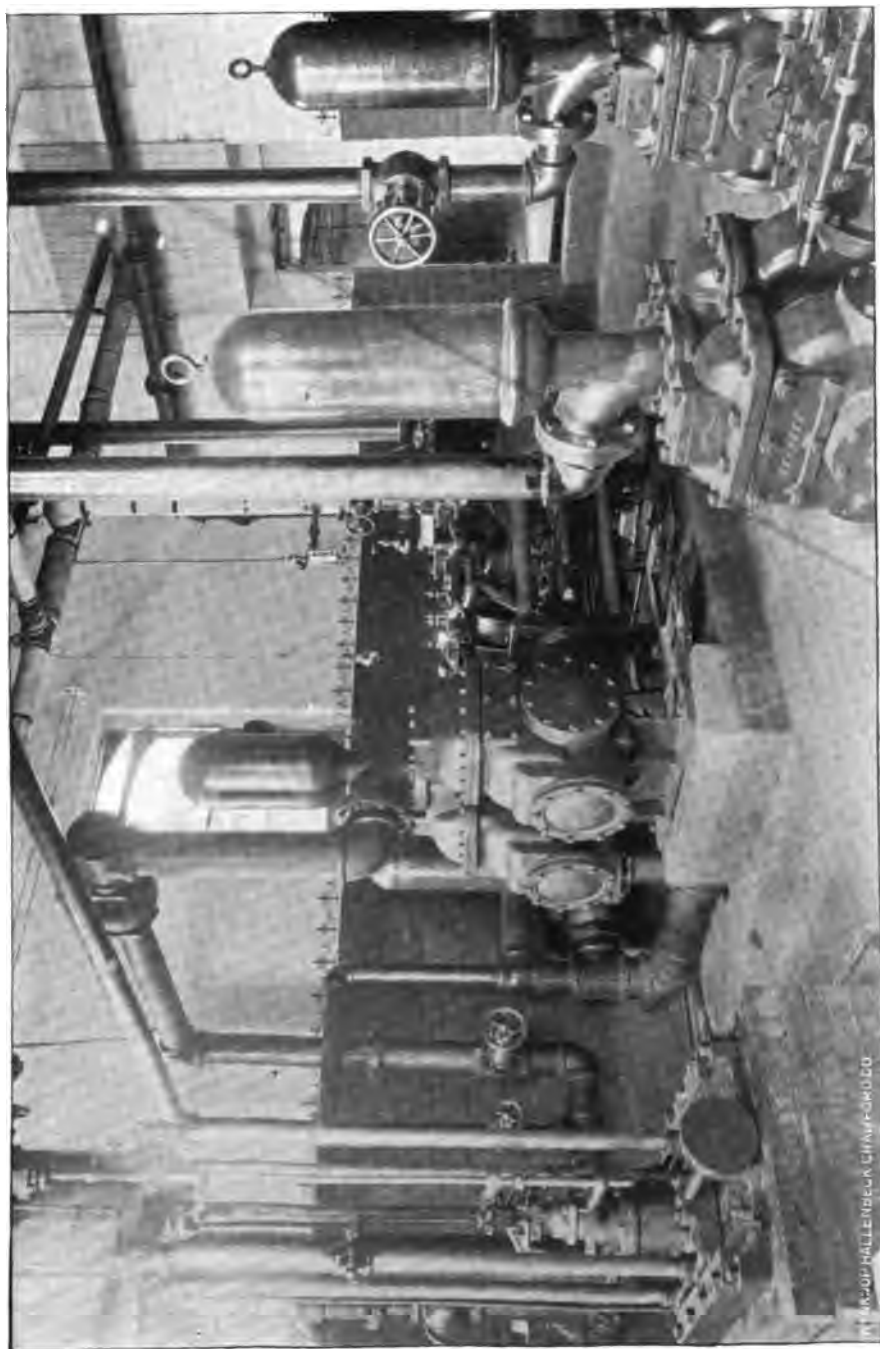
WYMKOPHALLEBECK CRAWFORD CO

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—DYNAMO ROOM, BOILER HOUSE AND PUMP HOUSE.

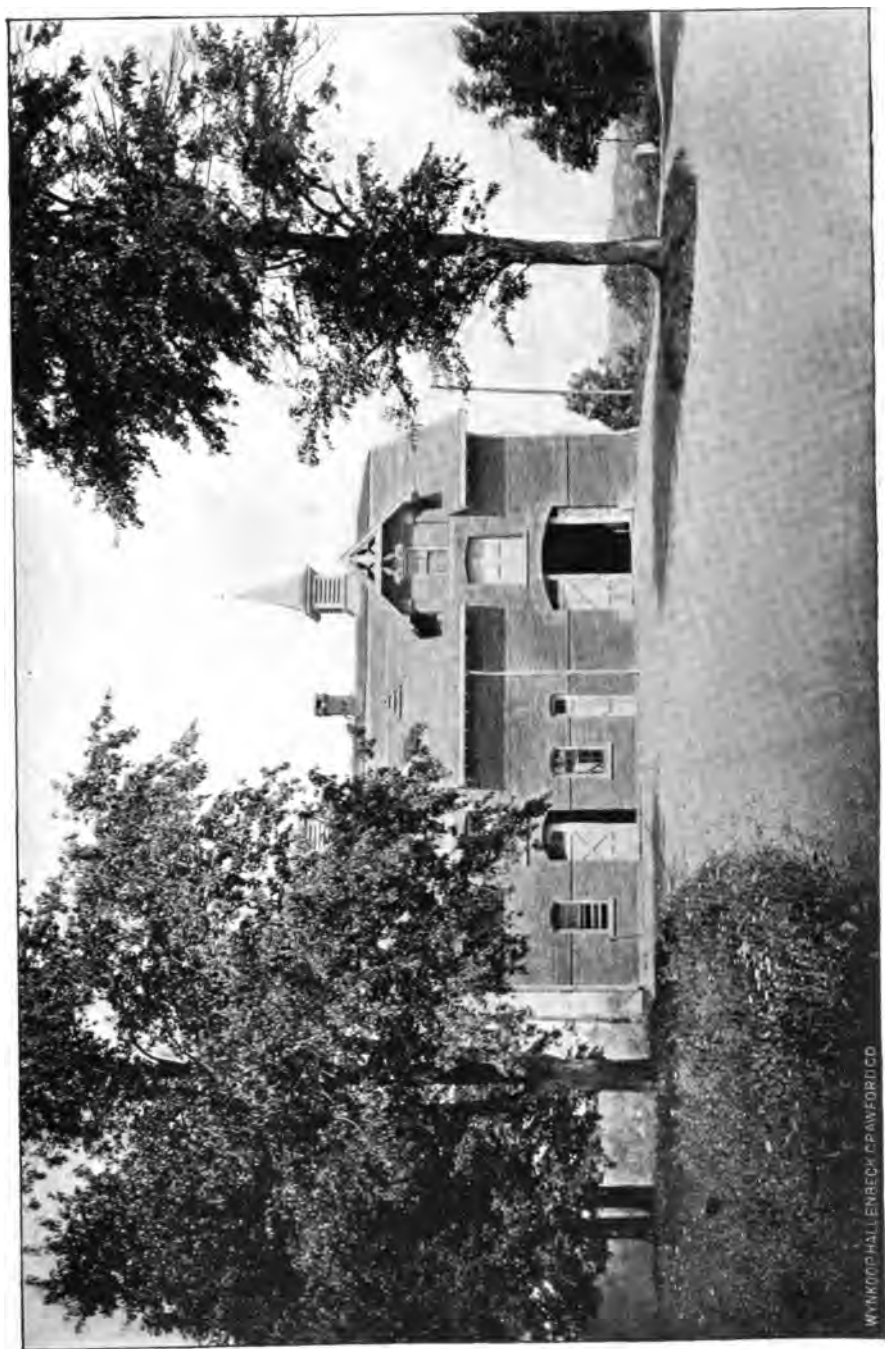


WYNKOPHALLENBECK & RAWFORD CO

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL—DYNAMO ROOM.



W. H. HALLERBECK CHAMP-FORD CO.



W. W. K. HALL, ENRICH, CRAWFORD CO.



WYKOPHALERZUR C. 11. 1910

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—BARNs.

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WYNOD HALLENBECK CRAWFORD CO

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.—PIGS AND PIGGERY.

Middletown State Hospital—Annual Report

Repairing horses in drying-room, laundry.

Repairing floors, base and mouldings in 60 rooms.

Upholstering sofas.

Raising floor beams in new barn.

Repairs to track for hay fork in barn.

Seven hundred and sixty-two chairs repaired.

Sixty-eight bureaus repaired.

Twenty-six commodes repaired.

Sixty-three wardrobes repaired.

Two hundred and seventy-nine lights of glass put in.

One hundred and eighty-six shades put up.

Ninety-six stands repaired.

Fifty water-closets repaired.

One hundred and forty-one doors and wickets repaired.

One hundred and thirty-five sash cords and chains.

Seventy-four pictures hung and repaired.

Seventeen screens repaired.

Thirty-five bathtubs repaired.

Five mirrors repaired.

Seventeen elevators repaired.

Twenty-three sofas and settees repaired.

Eleven sinks repaired.

Twenty-nine tables repaired.

Twenty-three floors repaired.

Twenty curtain poles put up.

One hundred and thirty windows repaired.

Twenty-six desks repaired.

Twenty-one locks put on.

Thirteen baker's peals.

(d) Farmer's report.—The farmer reports the following as products of the farm during the year:

Apples, barrels.....	107
Corn, sweet, ears.....	22,680
Corn fodder, sheaves.....	10,000
Cabbage, heads.....	11,910

Middletown State Hospital—Annual Report

Calves raised.....	8
Calves sold.....	31
Chickens raised.....	150
Cider, gallons.....	419
Hay, tons.....	121
Milk, quarts.....	135,549
Oats, bushels.....	91
Oat straw, tons.....	3
Potatoes, bushels.....	684
Pork, pounds.....	52,503
Rye, bushels.....	118
Rye straw, tons.....	13
Turnips, bushels.....	250

During the past year the following loads have been drawn:

Ashes, loads.....	2,793
Earth, loads.....	1,294
Freight from city, loads.....	605
Flour, coal, refuse, brick, mortar, wood, etc., loads.....	550
Sand and gravel, loads.....	468
Stone for filling laundry, piggery, drains, and clearing up ground, loads.....	904
Ice, loads.....	325

Improvements and extraordinary work on farm:

Digging about 400 feet of sewer, ranging from 3 to 8½ feet deep, and piping same.

Making about 1,250 feet of stone drain in new barnyard and near new piggery.

Two new catch-pits near laundry.

Grading around laundry gasoline tank, ice machine, and new barnyard.

Cutting 500 and storing 1,500 tons of ice.

Cutting posts for and making 2,500 feet of wire fence.

Cutting about 1,500 rails and stakes, and making same in fence.

Cutting and setting posts for new barnyard fence.

Middletown State Hospital—Annual Report

Cutting underbrush on six acres of woods back of Talcott Hall.

Trimming orchard.

Setting out 225 apple trees.

Making and setting seven pairs bar posts.

Lining icehouse in woods throughout.

Relining half of main icehouse.

Helping in different departments 200 days.

Working at repairing sewers.

(e) Gardener's report.—The following is a report of the garden products.

Asparagus, bunches.....	529
Beets, bushels.....	247
Beans, string, bushels.....	290
Beans, lima, bushels.....	22
Carrots, bushels.....	117
Cabbage, heads.....	3,233
Cauliflower, heads.....	650
Cucumbers, bushels.....	163
Currants, gooseberries and raspberries, quarts.....	889
Celery, heads.....	16,542
Corn, sweet, ears.....	9,537
Egg plant.....	173
Grapes, bushels.....	12
Kohl rabbi, bushels.....	15
Lettuce, bushels.....	889
Onions, bushels.....	290
Onions, green, bushels.....	252
Peas, bushels.....	213
Pears, bushels.....	9
Parsnips, bushels.....	150
Peppers.....	885
Radishes, bushels.....	67
Rhubarb, bushels.....	48
Spinach, bushels.....	124
Salsify, bushels.....	25
Tomatoes, bushels.....	1,060
Turnips, bushels.....	255

Middletown State Hospital—Annual Report

(f) Florist's report.—During the past year about 40,000 plants have been set out on the grounds. The roads and walks have been regravelled as usual, and the lawns cut once every eight or ten days during the season. The greenhouses at the close of the current year are being repainted, a work which has been much needed for a long time. Some of the palms had grown to a great size, and crowded each other very much in their old-time location; consequently, part of them have been removed to the parlors and dining-rooms of the various hospital wards, where they present an imposing and attractive appearance. Throughout the year flowers and plants have been furnished upon the wards and in the hospitals as required.

(g) Laundryman's report.—During the year ending September 30, 1897, 1,696,292 pieces of clothing and bedding were washed and ironed or mangled.

The following improvements have been made:

An addition to the old laundry, 50x50 feet.

New cement floor in old part of laundry, 2,955 square feet.

Twelve additional gas stoves.

One gasoline generator of 10 pounds pressure, and fixtures.

Twelve additional ironing boards.

Twelve stationary tubs.

(h) Mason's report.—The following work has been accomplished during the past year:

Relining with Portland cement the large reservoir in rear of main building.

Setting Springfield gas machine near laundry.

Laying Portland cement floor in old laundry.

Repairing and resetting boilers in boiler-house when needed.

Resetting marble floors and wainscoting in bathrooms of main building and hospital annexes.

Relaying broken walls in greenhouses.

Laying cement floors in all the old piggeries.

Repairing plastering of walls in main building, Pavilions Nos. 1 and 2, Talcott Hall, hospital annexes, and cottages.

Repairing walls in carriage-house and other outbuildings.

Middletown State Hospital—Annual Report

ADDENDA

A Case of Habeas Corpus by C. Spencer Kinney, M. D.

On June 12, 1896, No. 4722 was admitted as a regularly committed insane patient to the Middletown State Homœopathic hospital. Male; age, 40; married; two children (one dead); native of the United States; father born in Ireland; mother born in United States; occupation, mason; religion, Catholic; education, common school; habits, intemperate; had threatened homicide; no insane relatives known.

On admission this patient's pulse was 72; tongue, clean; temperature 98 2-5; pupils, normal; bowels, healthy; appetite, good; answered questions readily; weight, 155; gait, normal; heart, lungs and skin in a healthy condition; duration of present attack, said to have been six months; causes, remote, predisposition; exciting, intemperance; diagnosis, mania subacuta.

The medical certificate stated that the present attack was gradual, and that the patient was violent, dangerous, excited and homicidal. The cause, as given in the certificate, was heredity (?)—certain members of his family having shown an inclination toward insanity, though none of them were ever committed as insane. In the use of tobacco and liquor, the certificate stated that he used considerable tobacco and spirituous liquors, the latter sometimes to excess. He stated to one of the examiners: "I have caught you in the hall with my wife," which was not true; and said: "Get out of here." His actions, as stated by the examiners, were as follows: "After first running from the house, returning, forcibly ejected one of the examiners from the house, and would have done him bodily harm had not circumstances prevented." The patient's appearance and manner were given as "wild, excited, restless and suspicious." Other facts, as stated in the certificate, are as follows: "There has been an entire change in his character. Formerly a good and kind husband, he choked his wife, and accused her of criminal intimacy with other men, which was absolutely false. He has neglected his business

Middletown State Hospital—Annual Report

to watch her, and accuses her of intimacy with every man who approaches his premises."

On admission to the hospital the patient stated that he was not sick; that he had always been a healthy man; that it was a conspiracy between his wife and the doctors that put him here; that his wife had been untrue to him; that she had on different occasions flirted before his eyes; that his wife and the doctors were very intimate, and that was the reason they wanted to get rid of him. Said he would bide his time, and if he ever caught them in the act, he would shoot them on the spot.

On physical examination, the patient complained of pain over the kidneys. Heart and lungs were both normal. (Bell. 30, 3 hrs. Pol.)

June 24th. The patient stated that along in January of the year (1896), on his return home, he found the bedclothes, on the bed in which his wife had been sleeping, smelling of musk. He asked her about it, and she said a certain girl had slept with her. This her husband afterwards found out was not true, and on his asking his wife about it, she gave the name of another girl whom he found had not been to his house. His wife also made three contradictory statements about an insurance agent, which, he says, he found to be untrue. He speaks of her going out one evening in a wrapper, and on her return, she smelled of musk. He stated that his wife never used musk, but used cologne. He was also suspicious of at least two others, one being a tailor. He has watched his wife, and to several apparently unimportant incidents, he attributes considerable importance. He has always lived pleasantly with his wife up to the first of the present year, during a married life of about sixteen years. In other respects, he talks rationally, and conducts himself properly on the ward.

On July 6th his wife visited him, and made the following statement regarding his condition: "I first noticed my husband being suspicious after the holidays, along in January, 1896. His suspicions showed themselves in his actions, he being suspicious of every man who called at our house. He seemed to think that

Middletown State Hospital—Annual Report

strangers, as well as neighbors, came to see me. He spent his time in pondering and thinking. He watched every move I made, closing and locking doors, pulling down shades, and seemed to think I was signalling for some man or person that I had a date with or that I was going to see. He was suspicious of our own doctor and of old neighbors. His first suspicions were directed against an insurance agent who came to the house, he seeming to think that he came too often to collect money. In a general way, he seemed to think that I had relations with every man that came to the house while he was at home "right under his nose," to use his own expression. He alluded to a perfume that he thought I had about me. I do not know how I got the odor, but I do not use it. Perhaps I got it from a place where I staid over night with some friends, but he thought that was just an excuse on my part. He did not hold suspicions at any time toward any one individual, but would change, from time to time, from one to another. I suppose there would be fifty if they were all summed up. We agreed and lived together happily, except for an occasional quarrel that would result from a violent temper that he had. As you will notice, he is very irritable. We settled our own troubles, and there was only one time that I called on outside help, and I intended to separate from him at that time. His habits for the past year have been moderate, but I always thought that drink had a bad effect upon him. Still, you could not call him a heavy drinker. Two glasses would affect him very much. He has not threatened to kill me, only made this one remark about the man in the house. He considered that I was intimate with the man who lived in the house with us; that this man was intimate with me while he was away at work. He said he could not control the man's actions. He at no time has seen anything to confirm his suspicions. The last day before he came away to the hospital he accused me of drinking with this man, which I never did. I never drank a glass in my life. I said to my husband: "He is here near to us in the house; it is a wonder you would not have an explanation, and speak to the man in my presence;"

Middletown State Hospital—Annual Report

and he said: "I will call him down sooner than you expect, and when I do you will be called down with him." He accused me of poisoning him one night, and refused to eat fruit until my son had partaken of it. He said to the boy: "I can't tell but that your mother has fixed this for me." He questioned the child about me, but I do not know as he ever got him to watch me, but he would call the child to him and ask him all manner of questions. The child slept with me nightly. He even accused me of receiving calls in the house while my sister was with us a part of last winter, and he talked in this strain before my own mother and sister and everybody. He said he would be willing to live with me and make up, and would be in a penitent mood at times, and condoned everything, and was willing to live with me. Every once in a while he would break out, and say he could not stand it, and that it would not last long. I told him I was willing to separate on his word, but he did not want to live without me. It is his nature to be self-willed and determined on matters of the slightest importance, and he thinks he is perfectly right in this. He was willing that I should do anything and everything that any wife would ask to do, and this condition that came on shortly after the holidays, in the beginning of 1896, was a complete transformation from his former condition."

His mental condition did not change much. On July 24th he had a talk with Dr. Talcott, and said that he considered his wife a "good, conscientious, Christian woman." Yet for insufficient reasons, trivial incidents in themselves, he feels sure she is guilty of infidelity. In a bed in which the slats were too short, she had wedged pieces of paper to prevent the slats from dropping out on the floor and making a noise. This he considered a sure proof of his wife's unfaithfulness.

On August 18th the patient was visited by his brother, who desired to remove him from the hospital. On the 22d of August Dr. Talcott wrote: "Your request, made on the 18th inst., has been handed to me, and I regret that, owing to the belief that entertains regarding the infidelity of his

Middletown State Hospital—Annual Report

wife, I do not consider him a safe person to be discharged from the care and custody of the hospital."

September 9th. At noon to-day a habeas corpus was served on Dr. Talcott, returnable before of the Supreme Court at, at 4 p. m., on the 10th inst. On that date Drs. Kinney and Arthur, accompanied by Attendant Kilbride and the patient, went to and appeared before After reading the return and history of the case, the judge remanded the patient to the hospital and appointed a referee to take testimony. The return was in this form:

SUPREME COURT.

In the Matter of the Writ of Habeas Corpus to Produce the
Body of

The return of Dr. Selden H. Talcott, superintendent of the Middletown State Homeopathic Hospital, to the above mentioned writ shows:

That the said was received at the said hospital on the 12th day of June, 1896, upon a certificate made and duly signed by Drs. and, residents of, N. Y., two physicians duly qualified as lunacy examiners; that a copy of said certificate is hereto annexed and made part of this return; that the said patient was received under the said certificate in obedience to the statute in such cases made and provided; and that since the time of his reception as aforesaid the said patient has been under observation; that I believe him still insane; and that I believe it would be unsafe to him and to the community for him to be at large.

The said patient is herewith produced and surrendered to the court, in obedience to the said writ, dated September 3, 1896.

.....,

Superintendent.

Middletown State Hospital—Annual Report

STATE OF NEW YORK, }
COUNTY OF ORANGE, } ss.:

Selden H. Talcott, being duly sworn, says that he is superintendent of the Middletown State Homeopathic Hospital; that the foregoing return is true according to his own knowledge and belief.

.....,
Superintendent.

Sworn to before me, this 9th }
day of September, 1896. }

.....,
Notary Public.

On September 27th the patient had a long talk with Dr. Allen, and among other things he told him that he never found any man in the house, nor had he any positive evidence of his wife's infidelity. He said he continued to live with his wife as her husband long after he became convinced of her infidelity; that his brothers and others to whom he told his suspicions did not agree with him, but thought he must be mistaken. The patient also stated to Dr. Allen that his wife had always been a good woman, a good housekeeper and a good mother. He said he had no other evidence of her infidelity than what he had already given. In this conversation he expressed more doubt of his wife's willingness to live with him again, than any hesitation on his part to live with her.

The first hearing in the case occurred September 24, 1896, and from the stenographer's report the testimony of seven witnesses was wholly negative, they having been acquainted with , and during a common ever-day acquaintance had seen nothing that, in their estimation, could be considered as insane.

On the 28th, two physicians were examined, and their efforts at determining the insanity of No. 4722 were limited to asking questions in relation to his memory of past events, with a gen-

Middletown State Hospital—Annual Report

eral review of his impressions regarding his wife. In the cross-examination of one of the physicians, the report says:

“He said that she came home at different times with the odor of musk about her clothes, a kind of perfume which his wife never used, and which the insurance agent used, and that he detected the odor of musk about the bedding in the house. Those were the facts about the infidelity upon which he based his judgment. He is charged with monomania (insane upon one subject)—of his wife’s infidelity. It is a fact that these conditions may exist in a man who may be sane upon all subjects but one. The conditions which he has given might be consistent with’s being a monomaniac upon the subject of his wife’s infidelity.” This fact, however, does not in the mind of the witness appear to have much weight.

On the re-direct examination, after the delusions and the character of them had been briefly considered, the second physician stated:

“I did not to-day discover anything in his condition, mentally or otherwise, which would make it unsafe for him to go at large. I consider him sane. I do not discover anything in his mental condition different from what I have known for years back.”

On October 1st, Mr. was examined, and about twenty-two pages of testimony were given by him. He reiterated in detail some of the circumstances that had led to his believing his wife to be unfaithful, but at no time did he state that he had seen anything which was incriminating between his wife and other men. He stated that they had had difficulties, and testified to having got hold of her by the neck or shoulders when he was a little “under the weather,” and told her that if she did not stop her “jawing” he would “choke the wind out of her.” On another occasion, when he had been drinking, he had some words with his wife, and she struck him in the face with a book. He caught her by the hair as she was going up stairs, and he being pretty well intoxicated, they both fell through the cellar door, though he denied ever striking her. On

Middletown State Hospital—Annual Report

one occasion, when he called her a vile name at the table, she threw a coal scuttle at him, hitting him on the head. It bounced from his head on the table, where he was eating his dinner.

On October 9, 1896, Mr. was again examined, and testified that he had purchased false whiskers, and had made an attempt to conceal himself about the house, so that he could the better watch the intrigues of his wife. The house was a double tenement, and he had sat at the head of the stairs during the day, smoked when he felt like it, and when he thought his wife was likely to come upstairs, would get up and go into the attic. Although he had watched two or three days in this way he had found nothing to substantiate his belief. At night he slept in the attic during the time he was playing the detective.

One physician only, who professed to have any experience with the insane, was called in behalf of the plaintiff, and from the character of impressions, he was unable to see anything to indicate insanity about the man.

At the hearing October 9th, the patient was cross-examined, and the testimony was as follows:

Q. If you had found a man in an improper situation with your wife, or in an improper relation with your wife, after January 6th up to the time you went away to the hospital, what would you have done? A. I don't know as I would have done anything. My opinion is that a man isn't to blame, always thought so, always will.

Q. What would you have done to the woman? A. I don't know as I would have done anything to her; not at that time; I can't say; the way I feel now about it is that I would not harm any one; I would get separated from her; don't blame the man at all.

Q. Now, as you felt then what would you have done? A. I was just telling you, I feel now as then; it aint the man, it is the woman.

Q. You hold your grievance against the woman? A. I hold the grievance against the woman.

October 14th there was another hearing. In the examination of the patient's wife, she was asked:

Middletown State Hospital—Annual Report

Q. If in the judgment of experts your husband is sane, do you want him there (in the hospital), or do you want him discharged? A. I want him discharged at once; at once; I do not want him kept there one moment longer than it is necessary; that is my only desire, my only interest.

Q. Are your feelings toward him kindly or unkindly? A. Kind, kind as ever; I have no feeling but sympathy and love for my husband.

Q. During your married life has your husband ever had any cause for suspicion that you were unfaithful to him, and to your marriage vows? A. He has never had any cause, by word or act.

The patient's wife also stated that in the early part of January, 1896, after retiring for the night, and falling asleep, she was aroused by her husband who was crying. "I asked him what the trouble was, and he refused to answer, saying that he would tell me to-morrow, and I said, don't let anything trouble you, and try and get to sleep." Then we both started, as I supposed, I was trying to get asleep, and I supposed he tried to get to sleep too, but after lying awake for sometime I heard him crying again. Then we both arose and I sat on the couch, he and I together in the room, and I asked him what the trouble was. He refused to answer for a long time, and after long coaxing he admitted what the trouble was. I supposed it was business at first, and I told him when I saw he was crying, and it was something unusual for him to cry, I said if it was business or anything of that kind, even though we lost everything we had, we had still our health and one another, I supposed that it was some business trouble, and he said: "I have not lost any property or money, but I have lost you. You have been unfaithful to me." Of course I denied the charge at once, and we talked for a long time. He mentioned Mr.in the first place, mentioned why he made an extra visit to my house, and I explained very clearly why the extra visits were made, and he seemed satisfied, and about four o'clock we started to lie down again, but neither one of us slept. The next morning he talked on the matter again, and I talked

Middletown State Hospital—Annual Report

to him and soothed him, and he appeared to be satisfied. He said he didn't know what put those ideas into his head, as he knew he was wrong; and for three weeks I kept the trouble to ourselves, not going out any place, not any of my family even knowing anything of the occurrence or trouble, and he promised me that he would never mention anything that he said to me; that he did not intend the stories should ever be told, as he knew he was wrong, and that he would get over it after a while. His wife stated that his sleep was poor; that he was restless at night; and that he was constantly accusing her of infidelity. His wife made a good witness, was clear, and her testimony was unbroken.

On October 16, 1896, Dr. Talcott and three of his assistants testified in reference to the insanity of No. 4722, and all agreed in considering that owing to the nature of the suspicions which characterized the patient, it was unsafe for him to be at liberty.

November 6, 1896, the following decision was given:

SUPREME COURT.

The People ex rel. against Selden H. Talcott, Superintendent of the Middletown State Hospital of Middletown, N. Y.

The above entitled proceeding having been regularly brought before me on the 10th day of September, 1896, upon the petition of, verified August 24, 1896, and the writ duly issued thereupon on the 3d day of September, 1896, and said relator having been brought before me and an examination had on said 10th day of September, 1896, and upon filing the return of the above named Selden H. Talcott to said writ, and the answer of petitioner and relator herein to said return, and after hearing, of counsel in support of said petition, and, of counsel for defendant, in opposition thereto, it was then and there ordered by me "that, of the city of, N. Y., a counselor-at-law of this State, be and hereby is appointed a referee to inquire into and take testimony as to the mental condition of

Middletown State Hospital—Annual Report

said, and as to the fact of his insanity, and report the same to me, together with his opinion therein," and also authorizing said referee to take evidence in and counties; and said having duly qualified as such referee, and hearings having been duly had before him in the above entitled proceeding from time to time, in which hearings the petitioner and relator appeared by, their counsel herein, and said Selden H. Talcott appeared by, and, and, and said referee having heard the matters referred to him, and on said hearings having taken proof, and evidence having been produced to him of the several matters alleged and set forth in the petition herein and in the return of said Selden H. Talcott thereto and in the answer of petitioner and relator to said return, and the said referee having duly made his report, which said report with the papers and testimony thereunto annexed is herewith read and filed, in which report said referee finds as follows:

FINDINGS OF FACT.

- I. That there is no insanity in the relator's family.
- II. That the relator is not afflicted with insanity.
- III. That the mental condition of the relator is normal.
- IV. That the relator is a sane person.

Now, upon motion of, of counsel for, the above named relator in this proceeding, the said report and findings of said referee, it is

ORDERED, that the said report and findings of said referee in this proceeding be, and the same are hereby confirmed and approved by me.

And it appearing to my satisfaction from the report of said referee and the evidence and proceedings reported therewith and heretofore filed by me, that the said, relator herein, is unlawfully imprisoned and restrained of his liberty, for the reason that said relator is not afflicted with insanity

Middletown State Hospital—Annual Report

and is a sane person, and is not a proper person to be held for treatment in the custody of said Selden H. Talcott, Superintendent of the Middletown State Hospital, at Middletown, N. Y., and that he is therefore unlawfully imprisoned and restrained of his liberty, it is

ORDERED, ADJUDGED AND DECREED that the said be, and he hereby is forthwith discharged from the custody of Selden H. Talcott, Superintendent of the Middletown State Hospital, at Middletown, N. Y., and from further detention under and by virtue of the certificate of Drs. and of, N. Y., dated June 12, 1896.

IT IS ALSO FURTHER ORDERED that said relator be, and he hereby is allowed the sum of \$80 for his costs of this proceedings, and the sum of \$183.89, his disbursements herein, being stenographer's fees \$50, referee's fees \$129.89, and \$4 expenses of serving writ upon said Selden H. Talcott, which said sums for costs and disbursements are hereby allowed to relator and taxed and directed to be paid to said relator or his attorneys, by said Selden H. Talcott, as Superintendent of the Middletown State Hospital, of Middletown, N. Y., and that said relator may have judgment entered upon this order for that amount and have execution therefor.

Dated, November 6, 1896.

Enter:

.....
J. S. C.

(Certificate of Court attached.)

The expenses resulting to the State of New York from this trial were \$813.16. As the Superintendent of the hospital was the defendant in these proceedings, his position in the matter was exasperating, owing to the fact that he was looked to for the payment of the different fees by those who had been connected with the case.

Middletown State Hospital—Annual Report

The opinion of no member of the hospital staff, regarding the mental condition of....., was, however, changed by the report of the referee and the judgment of the court.

In January, 1897, the wife of the patient began proceedings to obtain a separation from her husband, owing to his suspicions and threats. On July 22, 1897, he was recommitted to the hospital. September 10, 1897, the following notice appeared in a paper (names and places for various reasons omitted):

"The friends of of, have at last come to the conclusion that he is hopelessly insane, and have applied to the court to have a committee appointed to administer his estate. He labors under the delusion that his wife has been criminally intimate with seventeen of the most prominent citizens of, and thinks that the Lord has revealed this information to him through the whisperings of bees, butterflies, birds and flowers, and has given a divine command for him to kill the men who have wrecked his family. His wife secured his commitment to the Middletown Asylum by over a year ago, but he was released under a writ of habeas corpus obtained from, as his counsel claimed conspiracy on the part of his wife and the physicians who made out the commitment papers in the case. Lawyer, was appointed to take testimony in the case, and after hearing both sides decided that was sane.

"After his release he became as violent as ever; threatened to kill his wife, and made threats against citizens of the village of He finally capped the climax by ringing the bell of the Catholic church at one night at midnight, and said that God had commanded him to ring the bell for the repose of the soul of the murderer of, who was killed near the village of last November, and his murderer never discovered., the president of village, then applied to have him recommitted to an asylum, but County Judge refused to act, as his commitment had been set aside by Supreme Court Judge

Middletown State Hospital—Annual Report

Then Justice, Judge and Surrogate were asked to act, but they refused, and finally Judge himself was induced to commit to the Middletown Asylum, where he now is."

Immediately after Mr. 's return to the hospital he was violent in his conduct and wholly incapable mentally of appreciating his situation for any length of time. He had hallucinations of sight and hearing, was delirious, and the outlook for a time seemed discouraging. Under constant care his excitement abated, and he began to improve physically as well as mentally. To-day he is in very fair physical condition. His beliefs, however, are unchanged in their character, although he talks less about them than on his admission. The outlook for his complete recovery is problematical.

The peculiarity of this case lies in the fact that an expense to the State should have been incurred, and the superintendent of a State hospital should have been forced into this position, as a result of attending strictly to his duty of protecting the patient, the patient's family and the community at large by withholding the liberty of an unsafe man.

Such cases of paranoia are not easily comprehended by the laity. Memory, judgment and things not connected with their delusions, their interest in old friends and in business are, to a considerable extent, unimpaired. It is difficult for those unacquainted with the different forms of insanity to believe that a man, possessing such qualities of mind, should be a dangerous man, but it is humiliating when men who possess years of experience, and who have no desire to wrong an individual committed to their care, must have their testimony discredited by the testimony of men without positive experience, and when such evidence is accepted with alacrity and considered convincing, perhaps on account of quantity rather than quality.

In the future, when a habeas corpus is presented to any superintendent of a public or private institution, who may know the history of this case, the chances are that the patient will be given

Middletown State Hospital—Annual Report

his liberty with as little opposition as possible, lest damages result if protest be made to the writ, a condition of affairs likely to prove detrimental to the community.

Ten Clinical Cases by Daniel H. Arthur, M. D.

No. 4824.—Admitted November 21, 1896; age, 42; widower, no children; native United States; occupation, farmer; temperate; suicidal tendencies. On admission, patient's physical condition was feeble, pulse 60, tongue slightly coated, temperature 97.4-5, pupils normal, bowels constipated, appetite fair, answers questions; weight, 161 pounds; heart's action, irregular; lungs, normal. First admission; first attack; duration of present attack, two weeks. Alleged causes, predisposition and excessive venery. Diagnosis, melancholia acute. Certificate states patient was depressed, suicidal; states that he wants to be locked up; that he is not fit to be with people; that he has sinned against God and man. Says he can hardly prevent killing himself. He had a gun and gave it away for fear he would kill himself. He is restless, and had recently been wandering about the country. Patient, on admission, stated that he had been complaining for a number of years; says that he has ruined his life on account of too much venery. Thinks about sexual intercourse and sexual matters all the time; cannot think of anything else. Is sure that he is impotent; has a great number of nocturnal emissions. His head feels as if it were in an iron band; eyes feel dull and heavy. Is willing to work, he says, or show his appreciation in any way that the doctors may require of him. Was given phosphoric acid, first, every hour. 22d inst., very depressed and complains of great sexual excitement; had an emission last night. 25th, crying, very depressed, pale ænemic, but is working some on the ward. December 1st, weight 153; doing sewing on the ward; says he does not feel so blue and is stronger. Constipated; breath very bad. Passes large quantities of urine. On the 3d inst., says that as soon as it becomes dark he cannot walk. Cannot shut his eyes and walk at all; will fall down. 30th, says he thinks the semen oozes and drains away from him whenever

Middletown State Hospital—Annual Report

he moves. January 1st, 1897, weight 157; is stronger and in better spirits. On the 7th inst., case-book records him as gradually improving. February 1st, weight 161. March 1st, weight 163; is doing well in every respect; no mental symptoms. On the 30th inst., was discharged recovered.

No. 4794.—Admitted October 10, 1896; age, 56; married, five children; native Germany; occupation, draughtsman; habits, temperate; suicidal; father died of general paresis. On admission, the patient's physical condition was fair, pulse, 110; temperature, 99 1-5; tongue coated white; pupils dilated; bowels constipated; appetite good; answered questions; weight, 190; heart and lungs normal. First admission to a hospital. First attack; duration of present attack, 1 1-2 months. Alleged causes, predisposition and worry. Diagnosis, melancholia acute. Medical certificate states that patient became very sleepless several months ago, followed by melancholia, when he was very down-hearted and depressed. Stated that he felt feverish and like killing himself. Would sit in one position most of the time, talking; no apparent interest in his position or surroundings. In appearance and manner he was melancholy and depressed. His son states that he has been going on in this way for about two weeks, getting up and lying down without reason, thinking people are outside watching for him. Patient stated at the time admitted that he was employed in a responsible position with the board of public works and had been working hard and worrying considerable for some time past. About six weeks ago he began to be troubled with insomnia, which increased his nervousness to such a degree that he was unable to work. Took kali brom, which allowed him to sleep for a few nights, but the effects soon passed away, and he became so depressed that he tried to take his own life, but his son took the revolver away from him before he had time to shoot himself. He thinks that the conversation he hears on the ward relates to him. Believes his wife is dead, because he heard someone say, "It is too bad." Talks in a rambling way about his work. Says that five years ago he

Middletown State Hospital—Annual Report

had a stroke of paralysis, which has left him with a numb left arm and hand. Says his tongue bothers him because, he says, someone said he had a chancre on his tongue. Is pale and anemic looking and very restless. Temperature, 99 1-5; pulse, 110; respiration, 21. Given arsenic, third, every two hours. On the 11th, the case-book records him as being very depressed, and believes his people have been injured; that everything about his family is known here. Distrustful of what is told him. Becomes more excited as he is talked with. Pupils are dilated. Expression of face anxious, pale; no pain. In the evening became very excited; would not keep quiet, and it became necessary to place him in restraint. On the 12th inst., was very restless through the night. Patient continued in this condition until the 20th inst., when the case-book records his condition as follows: Believes that he is going to be killed for having transgressed the moral law. November, patient weighed 170; has apparently hallucinations of hearing; answers questions suddenly, then lies down and remains quiet. December 10th, case-book records his temperature as 97 3-5; pulse, 86; respiration, 20; has been feeling in better spirits since he was visited by his wife, three days ago. December 18, somewhat suspicious; does not want to take medicine; face pale and anxious looking; very restless; prescription changed to arsenic, second, every hour. January 1, 1897, weight, 160; temperature, 97; pulse, 76; respiration, 20; in good spirits, but is still suspicious. Although he had a letter from his wife this morning he asked the physician in charge if she was not confined upstairs. February, weight, 173; nervous this morning; crying without cause; did not seem to be able to control himself; in other respects has been doing well. March 2d, case-book records him as having improved greatly in every respect; has gained in weight and dropped most of his delusions. April 1st, weight, 196 pounds; continues to improve; no mental symptoms. May 4th, weight, 199; left for home with his son, discharged recovered.

Middletown State Hospital—Annual Report

No. 4506.—Admitted September 13, 1895; suffering from acute mania; age, 45; married, seven children; native United States; occupation, peddler; temperate in his habits. On admission patient's pulse was 72, tongue coated and tremulous; temperature normal; pupils normal; bowels normal; appetite good; answers questions coherently; weight, 139 pounds; heart and lungs healthy; first admission to a hospital, but said to be second attack. Duration of present attack, about two months. Alleged causes, predisposition and business troubles. Patient for the past few weeks has been very extravagant in his conversation and in his business methods. For the last few days has become very wild in his conversation; insane expression about face and eyes; very excited and nervous in manner; threatened to shoot an express messenger; bought large quantities of perishable goods recklessly and without means of paying even the freight. On admission the patient was very excited, very loquacious, talked constantly of business, big enterprises, etc. States that in 1892 he was taken sick with pleurisy and dyspepsia and was sick for over two years. Patient was given bryonia, third, every two hours. 17th, patient is eating and sleeping well, quieter and does not talk so much. Under the 19th, says he feels tip-top, but ought to be back at work. Does not talk so excitedly, but talks constantly of business and worries and appears apprehensive on account of his business. Is eating, however, and sleeping well. Says he is going to bring suit against certain people who were instrumental in sending him here. Patient's condition varied, being excited some days and quiet and reasonable other days. Under December 20th, patient stated "let me out and I can make \$100 in a minute. If they would have left me be last summer I would have owned the whole of Newburgh by this time." Very nervous; tongue and hands tremulous. Pupils dilated unequally. Under January 1, 1896, patient weighed 158 pounds. Very enthusiastic about making money. Face, expressionless, pupils normal. Under the 16th patient is more irritable than usual and is resistive of all that is asked of him. Still talking about making money, but is

Middletown State Hospital—Annual Report

not as enthusiastic as formerly. February 1st, weight, 160. States that he knows he has been sick, but is feeling much better; exerting better self control; muscles are steadier; talk is less expansive; in good physical condition. Patient continued from this time to improve. September 1st, weight 182 pounds. No mental symptoms. On September 25th sent home discharged recovered.

No. 4517.—Admitted September 23, 1895; age, 25; weight, 116; single; native United States; laborer; common school education; habits, temperate. On admission pulse 120, temperature 102, pupils dilated, bowels constipated, appetite poor, answers questions rationally at times. First admission; first attack; duration of present attack, three years. Causes, predisposition and exciting cause unknown. Diagnosis, mania acute. Certificate states he says he can fight anyone in the world. He came to fight with Jackson, the negro pugilist. That he was the one to lead the Japs to victory. Talks in a rambling and incoherent manner, particularly as to fighting. Always on the alert to strike. Wild, nervous and irritable. On admission talked excitedly of there being six hundred people trying to kill him and they all failed. Is happy, jolly and excited, talking constantly. Was given hyoscyamus, third, every two hours. On the 24th of August patient's temperature was 100, pulse 92 and respiration 26. Patient's condition more or less excited, talked irrationally and very restless. His temperature gradually dropped until, October 8th, it is recorded as 99 4-5, pulse 92 and respiration 22. It is also recorded that the patient is restless, but always good-natured. Will not answer questions correctly. At times will answer, at other times will smile and say something entirely disconnected. On the 9th, patient more excited, temperature increased to 100 1-5, pulse 100, respiration 24. This continued about the same until November 1st, when temperature is recorded as normal; weight, 115. Patient exerting better self-control. January, weight 133; is slightly improved from what he was a month ago. Is eating and sleeping well. February, weight 136 pounds; March and

Middletown State Hospital—Annual Report

April, weight remained the same, but has not changed any mentally. Eats and sleeps well. More irritable than formerly. During the month of April he changed considerably, became more pleasant and took better care of himself. Continued from this time to improve, when, under May, his weight is recorded as 137. January, weight 147, and on the 29th of January left for home with his brother, discharged recovered.

No. 4542.—Admitted October 24, 1895. Age, 70; weight, 171; single; native United States; farmer; no education; habits intemperate; father, mother, a brother and sister said to have been insane. Causes, predisposition and business worry. Certificate states that patient was boisterous, noisy, loud and incoherent in his talk. At times imagines himself a ruler of all and everyone must do as he says. Is using a bossing power over everyone with whom he comes in contact; rambles around nights and enters any house he may come to and claims to own them. Has made assaults on women. On admission patient was found to be in fair physical health, pulse, 72; tongue clean; temperature normal; pupils normal; bowels normal; appetite good; weight, 151; heart and lungs healthy. First admission to an asylum, though it is stated that he had had previous attacks; duration of present attack, one month. Diagnosis mania acute. On admission the patient was very loquacious, talked constantly, was inclined to be resistive, but could be persuaded. Cannot give any history of himself, but rambles from one subject to another, irrational on all subjects. Restless and sleepless. Was given hyoscyamus first every two hours. Patient continued more or less excited until November 23, when he is recorded on the case book as being quiet, exerting good self control. Seemed weak on his legs, but functions free and pulse normal. No excitement. Talks intelligently and connectedly. Patient continued to improve, both mentally and physically and was discharged December 11, 1896, recovered.

No. 4792.—Admitted October 3, 1896. Age, 41; married, four children; native of the United States, father and mother were

Middletown State Hospital—Annual Report

born in Ireland; occupation keeps grocery and liquor store; habits said to be intemperate; present physical condition fair; pulse, 79; temperature, 97.4-5; weight, 147; heart's action weak; lungs normal; number of admission here one; number of attacks one; age at first attack 41 years; duration of present attack one month; alleged causes, remote predisposition, exciting cause intemperance; diagnosis mania acute. Certificate of commitment state patient has been drinking excessively for over a year. Now says that he sees men and objects where there are none, and that he has been out of doors and in other places in which he has not been. He says that he is riding and driving horses when he is in bed. Asks to be taken home when he is at home. When awake he is constantly roaming about the house looking for men and things which do not exist. Tries to pick things from the floor when there is nothing to pick. Tears carpets and destroys furniture and when asked what he is doing says he is working. On admission the patient was very restless, confused and irrational, would not answer questions but constantly thought that he was driving horses, also tried to pull out the supporting posts of the room; became so noisy that it was necessary to remove him to a restless ward where he was excited all night. Was given nux vomica third every two hours followed by stramonium 3d day and night; was busily engaged in driving horses and would not answer questions. On this date, October 5th, temperature rose to 100.4-5; pulse, 90; respiration remaining normal. Restless and apprehensive—aconite 1st, hourly, for 2 days after which returned to stramonium. The excitement with exalted temperature and pulse continued until the 10th of October when he commenced to sleep better and answer questions. On the 14th inst. we find temperature and pulse normal and a note stating patient is slowly improving physically and mentally, and was visited by his brother and sister. Patient continued to slowly improve from this date and was discharged on November 30th as recovered. Nux vomica was prescribed in this case from its history—after a careful examination stramonium was substituted and was effective from the start.

Middletown State Hospital—Annual Report

No. 4600.—Admitted February 4, 1896. Age, 21; single; native of the United States, as was also father and mother; by occupation laborer; said to be intemperate; grandfather on paternal side insane. Certificate of admission states that the cause of insanity was alcoholism; that it was his first admission to an asylum; first attack; that the duration of present attack was only one week, the causes being predisposition and intemperance. The certificate states that he said he was the Lord and was trying to drive the devil out of his father's family; that all of the family were holding him down and that he was unable to attend to the duty. Very excitable in his appearance and actions. Chased a dog through the street, exclaiming that it was the devil; jumped through a window to catch the devil, etc. On admission physical condition fair, temperature 102; tongue coated; pulse 112; pupils dilated widely; speech irrational and garrulous; weight 119 pounds; heart, lungs and skin normal; appetite poor; pulse normal. Diagnosis, mania acute. On admission the attendant who brought him stated that the patient's present attack commenced about 10 days ago; that he did not show any signs of insanity previous to that time. Attendant found him tied to the bed with ropes so tightly that the skin on his arms, legs and back was bruised. The family was very poor and the boy had evidently been poorly nourished. At present the boy is excited, profane, obscene and abusive. Was very noisy during the first part of the night; slept but three hours. On the 5th, temperature 102.3-5; pulse 118; respiration 28; pupils widely dilated; face flushed; very restless and talks disconnectedly and irrationally; given Belladonna 2d every two hours. Patient continued in this excited condition with temperature ranging from 99 to 103 and pulse from 90 to 120 until the 18th inst. During this period he was excited, restless and noisy, averaging but a few hours' sleep out of the 24. On the 18th inst. patient's temperature was recorded as normal, also pulse and respiration and whereas there was but little gain in his mental condition, he was stronger physically. On the 22d inst. is looking and acting better, talks connectedly, exercising fair self-control but answers in

Middletown State Hospital—Annual Report

short, irritable manner questions asked him; weight 122. Patient continued to improve slowly, when, under date of May 16th, note states patient weighed 131; that he is doing well and working daily in the laundry. At times during excited period patient constantly masturbated. On September 1st weighed 140; talking and acting rationally, not masturbating. October 1st, weighed 143 pounds, improving steadily in mind and body, exercising good self-control, working daily in the laundry. On April 7, 1897, patient was discharged as recovered.

No. 4848. Residence Newburgh; admitted December 19, 1896; age 45; married; nativity, United States; laborer; common school education; habits temperate; no insane relations. On admission his physical condition was feeble, pulse weak and slow, 42; temperature 98; tongue tremulous, pupils normal; refused food; weight 125; first admission; duration of attack, two weeks; alleged causes, predisposition, overwork and worry. Patient previous to admission was violent, dangerous and destructive, alternations of excitement and depression. On admission said that he was going to die; that spirits were gnawing through his head; a crowd of people were out in the street who were going to shake him; that the doctor had carved him and had taken all the blood and flesh out of him. It was difficult to make him answer questions; appeared frightened and would not talk. Seemed distrustful and watched closely all the movements of those about him. The patient was formerly quiet and industrious. Says that he was moved by the spirit. Before admission it was stated that he attempted to strike his wife and to injure his attendants. On the day after admission patient lay quietly in bed, took no notice of anybody or of his surroundings, and would not talk. The following day was restless, temperature was sub-normal until the 22d inst., when it was recorded as 98.3-5; pulse 64, and respiration 23. It varied from this one degree below normal until December 23d, when it continued to remain at 98.3-5. Patient was at times excited and restless; at other times very quiet and depressed. Refused to talk, refused to

Middletown State Hospital—Annual Report

eat, taking no notice of those about him. January 1, 1897, the case book records his weight as 106, is eating quite regularly and acting better. March 1st, weight is recorded as 120, and the book records him as improving physically but no mental change. April, weight 121, is doing well, has no especial mental symptoms. On May 1st, weight 125; patient continued to improve, when he was sent home September 28, 1897, thoroughly recovered, weight 147 pounds. The remedy used was belladonna first and veratrum vir. Diagnosis, melancholia acuta.

No. 4902. Admitted March 31, 1897; age, 53; married; two children; native United States; occupation, housewife; common school education; habits, temperate; no insane relations. On admission pulse 90, tongue coated, temperature 99 2-5; pupils normal; bowels constipated; appetite poor; answers questions; weight, 80; gait, heart and lungs normal; skin dry. Number of admission here, first; number of attack, first. Duration of present attack, three months. Alleged cause, remote climacteric, exciting worry and insomnia. Diagnosis, melancholia acuta. Certificate states patient's condition is due to worry, overwork and insomnia. Says she has been somewhat despondent and hopes she will get over it. Sat in her chair and was not much inclined to talk; expression, anxious and worried; thought that other people were making fun of her and has told her husband. Imagines that people are talking about her. Is melancholy and depressed and is entirely changed from her former self. Feels at times as if she would choke, and has confused feelings in head. The patient has been married twenty years; has two children; father died when she was quite young; mother is living, but is in feeble health. Patient was a healthy baby and child so far as she knows, except that she had inflammation of the lungs when a very young girl. Doesn't remember when puberty was established, but thinks there was nothing unusual about that function. Has always been fairly regular; not much pain. Married at the age of 28; two children; labors were both natural, seven years being between them. Climacteric period about two years ago.

Middletown State Hospital—Annual Report

Patient is unduly depressed and anxious, and has been in this condition since Christmas. Fear in regard to her husband's cough has burdened her mind; she has worried a great deal; has slept poorly, and has been disinclined to society of any kind. Everything is a burden to her and she says she cannot arouse herself to talk to anyone. Expression is sad and hopeless; asks if she cannot be sent home, and says that it was unnecessary to bring her here. Was given ignatia, third, every two hours. Patient says she cannot cry, but feels like it. Anxious, hopeless look. On the 2d inst. case-book records her as sleeping but one hour. Worried all night. Very little change in the patient's condition until the 21st inst., when the case-book records her as being up and dressed for two days, and a little more cheerful. Very emaciated; appetite poor; was placed on extra diet. May 1st, weight 81 pounds. June 1st, weight 85 pounds; in better spirits. July, weight 90 pounds. On the 6th inst. case-book records that she is sleeping and eating well and seems less depressed than usual. August, weight 99. Under August 5th, case-book records her as in fair condition mentally and physically. Industrious; has been allowed a parole on the grounds with another patient. September 1st, weight 116; discharged to-day in custody of her two daughters, recovered.

No. 4718. Admitted June 11, 1896. Age, 25; single; nativity, United States; salesman; habits, temperate; mother had epilepsy; two cousins insane. Physical condition on admission fair; pulse 96; tongue coated white; tremulous; temperature 99; pupils dilated; bowels normal; appetite good; heart and lungs normal; weight, 160. Number of admission, first; number of attack, first; duration of present attack, one year. Alleged causes, predisposition and masturbation. Diagnosis, melancholia acute. Certificates of lunacy state that the patient said: "My head has been bothering me since last January, due to my religious trouble. I worked hard to perfect myself. Let the spirit lead me through all sorts of suffering to perfect me." His eyes would fill with tears when he prayed to God, he was so near to

Middletown State Hospital—Annual Report

Him. He walked away from God and had been troubled ever since for fear he could not get back. "My life is sin, my religion is sin; did I not humble myself before God sufficiently; etc." He sat in a chair and rocked all the time and talked on religious subjects. Depressed and very quiet. Certificate also states that the patient had always been over-conscientious, morbidly so. Last year the patient became depressed, was out of sorts, could not attend to business, and in December, 1895, went to a hospital in New York, which proved to be a faith-cure place, where it is said that he improved for a time but did not recover. He now has the delusion that he has sinned against the Holy Ghost; that he has committed the unpardonable sin; dwells upon his imaginary sins and will talk of nothing else, if allowed to have his own way. On being examined the patient asked if this hospital believed in divine inspiration, and said he had always believed in it ever since he was a boy; said he went to a cure of this description in New York and was greatly benefited. Patient is slovenly in his habits and lazy in his disposition. Very much depressed and desires to pray all the time. Says the Holy Ghost entered into his body and then a condition of rest came over him and he loved everyone. Was given sulphur, third, every two hours. On 12th inst. says he has had communion with Christ, who will cure him, and will take nothing else. Said he had masturbated some, but not to excess. 14th inst. the case-book records the following note: Wants to talk of himself constantly. Thinks that he has committed the unpardonable sin; that it is necessary for him to do something; just what, he does not know. 22d, acting foolishly early this morning; jumped out of bed, shaking his head violently. Thinks he is actuated by divine inspiration. In July, weight 145 pounds; has delusions that he is ordered to do as he does by the Lord through the spirit. What he does is to do good; very much depressed. On the 17th inst. case-book records him acting very strangely; attendants cannot trust him; is found kneeling behind doors and screens praying. August, weight 161. On the 26th of August case-book

Middletown State Hospital—Annual Report

records him as slowly improving, exerting fair self-control and is industrious and pleasant. September, weight 165; October, 166. Is slowly but steadily gaining in self-control; is pleasant and industrious. November, weight 166; December, weight 167; January, weight 164. Patient slowly improving; has no marked symptoms. February, weight 169. Left for home to spend a day with his father. March, weight 172. Still gaining mentally and physically. On the 17th went home with his father for a short visit. January, weight 174. July, weight 170. Left to-day for home alone, discharged recovered.

TWENTY-SEVENTH ANNUAL REPORT
OF THE
BUFFALO STATE HOSPITAL

CHAPTER 35

Twenty-seventh Annual Report of the Managers of the Buffalo State Hospital

To the State Commission in Lunacy:

Gentlemen.—The managers of the Buffalo State Hospital hereby present their report for the year ending September 30, 1897.

Very respectfully,

JOSEPH P. DUDLEY,
DANIEL H. McMILLAN,
THOMAS LOTHROP,
JOHN E. POUND,
FREDERICK P. HALL,
MRS. JESSIE H. JEWETT,
MRS. ESTHER K. McWILLIAMS.

BUFFALO, *October*, 1897.

Buffalo State Hospital—Annual Report

OFFICERS

MANAGERS.

JOSEPH P. DUDLEY.....	Buffalo.
DANIEL H. McMILLAN.....	Buffalo.
THOMAS LOTHROP.....	Buffalo.
JOHN E. POUND.....	Lockport.
FREDERICK P. HALL.....	Jamestown.
MRS. JESSIE H. JEWETT.....	Buffalo.
MRS. ESTHER K. McWILLIAMS.....	Buffalo.

RESIDENT OFFICERS.

ARTHUR W. HURD, A. M., M. D.....	Superintendent.
HENRY P. FROST, M. D.....	First Assistant Physician.
GEORGE G. ARMSTRONG, M. D....	Second Assistant Physician.
WALTER H. CONLEY, M. D.....	Assistant Physician.
HELENE KUHLMANN, M. D.....	Woman Physician.
JOSEPH B. BETTS, M. D.....	Assistant Physician.
EDWIN A. BOWERMAN, M. D....	Junior Assistant Physician.
MORGAN D. HUGHES, M. D.....	Junior Assistant Physician.
THOMAS WILDING.....	Steward.
FLORENCE A. SEELEY.....	Matron.

OFFICERS AND COMMITTEES.

JOSEPH P. DUDLEY.....	President.
JOHN E. POUND.....	Vice-President.
ELIAS S. HAWLEY.....	Secretary and Treasurer.

EXECUTIVE COMMITTEE.

THOMAS LOTHROP, M. D., Chairman.	
MRS. JESSIE H. JEWETT,	DANIEL H. McMILLAN,
JOHN E. POUND,	FREDERICK P. HALL.

COMMITTEE ON TREASURER'S ACCOUNTS.

MRS. ESTHER K. McWILLIAMS, Chairman.	
DANIEL H. McMILLAN,	JOHN E. POUND.

COMMITTEE ON GROUNDS.

MRS. JESSIE H. JEWETT, Chairman.	
JOSEPH P. DUDLEY,	JOHN E. POUND.

Buffalo State Hospital—Annual Report

REPORT OF THE MANAGERS

The managers of the Buffalo State Hospital, in accordance with the Insanity Law of 1896, hereby present to the State Commission in Lunacy their report for the year ending September 30, 1897.

The managers are pleased to be able to state that the progress of the affairs of the hospital has been satisfactory and that the work has gone on smoothly and efficiently. There has been a larger number of patients cared for than ever before in the history of the institution, and a considerable extension in the way of building. The infirmary building, commenced last year, has practically been completed and will, we believe, efficiently and comfortably care for about 350 patients, and with the reclassification allowed in the main building in consequence, will probably increase the total capacity by almost 450.

The population of the institution September 30, 1896, was men, 469; women, 663; total, 1,132; September 30, 1897, men, 529; women, 724; total, 1,253; showing an increase of men, 60; women, 61; total, 121.

Of the numbers admitted to the hospital during the year, five patients were transfers from other institutions.

The executive committee report that they have held twelve regular meetings during the year; that they considered the matters brought before them and have regularly opened bids for supplies of meat and flour, and that this plan of letting bi-monthly contracts for meat and monthly contracts for flour, has worked satisfactorily, both as to prices and as to the quality of the supplies furnished.

Four regular meetings of the full board of managers were held at the stated periods, quarterly, and four special meetings, two to consider the proposition from certain gentlemen respecting the opening of a speedway along the northerly portion of the grounds, and two for opening bids for the new infirmary building, boiler and laundry extension and conduit.

Buffalo State Hospital—Annual Report

The proposition for the speedway along the northerly portion of the hospital farm, which was made possible by a special act of the Legislature passed last winter, has failed of consummation, owing to the fact that the promoters of the speedway were unable to make arrangements with the park commission for suitable approaches thereto, and it is probable that the hospital farm, from this source, at least, will not be disturbed.

The building committee and committee on grounds report as follows:

The committee on grounds have to report that most of the work done this summer has been directed towards getting the grounds and roads on the easterly side of the hospital property in proper condition. A great deal of grading has been required and is still necessary. However, much has been done. The stone gates which were on Elmwood avenue about nine hundred feet from Forest avenue have been moved opposite the new infirmary building, and a roadway has been partially constructed from Elmwood avenue to the building, which has been macadamized with stone and lacks only the top dressing.

A low bit of land between the infirmary building and the main building, which naturally contained water, has been converted, by a moderate amount of work into an ornamental pond. This is now practically completed, and not only adds to the landscape, but utilizes this low spot which would otherwise have to be filled up at a great expense. At the same time it affords a sort of barrier between visitors to the infirmary and the recreation grounds for men patients. The pond is dumb-bell shaped; the narrow neck of land connecting the extremes, on which stand elm trees, has been made into an island across which a roadway and footpath are planned. Abutments for two small bridges on either side of the island are now being built.

About two years ago, Mr. Rumsey appeared before the Board and asked permission to have street car tracks laid beside the fence on Elmwood avenue. This permission was granted with the proviso that at any time the permission might be revoked by the

Buffalo State Hospital—Annual Report

managers. The street car company was unwilling to put down their tracks with this conditional permission, wishing a perpetual right of way granted. This the Board refused to grant.

When Elmwood avenue was extended north from Forest avenue the hospital voluntarily gave up twenty-two feet more than the deed required, in order that the green sward between the curb stone and fence might be of the same width as that now on Forest avenue. The street is macadamized at a width of forty feet and the Board of Public Works has granted permission to the street car company to run two lines of car tracks along the westerly curb, between the curb stone and the twenty-two foot limit, which still belongs to the hospital. This leaves the street free of tracks between the curb stones, and though it does not encroach upon the twenty-two foot limit of the hospital property, still puts the tracks on the hospital side of the street.

The Board of Public Works claimed the authority to do this, as the original deed reserved the width of the street, and the hospital was only given occupancy. The matter was referred to the attorney of the board, Mr. Gluck.

Much remains to be done about the new building, such as grading filling, planting trees and shrubbery, laying cement walks, etc., and a suitable sum should be provided for this purpose.

BUILDING COMMITTEE.

The building committee would respectfully report as follows: Last year, as will be remembered, contracts were let for the building of a new infirmary building on Elmwood ave., as follows:

General building contract to Joseph J. Churchyard.	\$167,574 00
To Edward P. Bates of Syracuse, for steam heating.	32,500 00
To Peter Joy of Syracuse, for plumbing.	28,180 00

This last summer the contract for building a conduit from the boiler room to the new building, a distance of some 1,100 feet, was let to William Shumacher of this city for \$7,569.

Buffalo State Hospital—Annual Report

This work has been almost entirely completed. Mr. Churchyard has finished the general contract work, with the exception of laying the slate treads for the stairways.

The work has been constantly supervised by Mr. Frederic Brown and by the superintendent, and inspected at different times by the chairman of the executive committee of the board of managers and other members. We are pleased to be able to say that the work appears to be done in an excellent and workmanlike manner, thoroughly finished and attractive in appearance.

A change suggested by the superintendent in the veranda at the front of the administration building, making it two stories instead of one, adds much to the appearance and the usefulness of this building. With this exception there has been very little alteration in the plans.

From the location of the building the nearest sewer with which it could be connected, was that on Forest avenue, which is on a higher level than the building itself. In order to accomplish this the sewage has to be raised several feet by means of an air compressor, in connection with what is called a "Shone Ejector." This apparatus, while expensive, was included in the plumber's contract, and has been put in completely, but has not yet been tested by the sanitary engineer, Mr. Dickinson of New York, or accepted.

The tunnel is completed, the steam pipe connections have been made and steam has been experimentally turned on the building. Kitchen furniture has been put in and we confidently expect that by the end of this month, if no unforeseen delay occurs in the stairways, the building may be formally accepted and occupied.

In addition to this building, an addition to the boiler-house and the laundry was planned, and the contract therefor let to Mosher & Fitzpatrick, the lowest bidders, for the sum of \$26,738.65.

The boiler-house is now commodious and very economically arranged for the storage and handling of coal, and will, we are confident, prove as economical as it was necessary.

Buffalo State Hospital—Annual Report

The space included between the carpenter shop, the old coal house and the former boiler-house being already inclosed on three sides, was simply roofed over and one wall built, and the space was covered with cement flooring. The boilers were all placed in line on one side of the building, thus allowing the other side to be used for the storage of coal.

To accomodate the increased boiler capacity, necessary on account of the new building, a new stack was advised by the State Architect, Mr. Perry, and this smoke stack was built at a cost of \$5,638.65, by Mosher & Fitzpatrick of Buffalo. It is 176 feet high above the ground, 9 feet in diameter, and capable of carrying all the boilers which will be needed here. The two new boilers which were authorized to be purchased are being put in position.

The laundry addition has proved of very great utility. The cramped quarters have been enlarged by a wing at the easterly end, and the sorting and tub washing are now done in this extension. The soiled clothing is brought in by horse and cart which are driven directly through the building. The clothing is first sorted in this large room, on a granolithic pavement, and then conveyed to the old sorting room, which is now entirely occupied by washing machines and wringers. The space above has been utilized for lodging rooms for employees, and 24 can be accommodated there.

Last winter permission was asked to prepare estimates for a veranda on the easterly side of ward 23, at the extreme end of the westerly wing of the building occupied by disturbed women patients; this addition seemed desirable in order to allow patients to walk and sit there when the weather is suitable, being sunny and sheltered from the westerly winds, and also giving them seclusion from the street. The estimates proved so high that the money did not seem available but recently the superintendent has obtained estimates for a modified plan, accomplishing the same purpose and without the glass roof, which was the expensive element before, and money has been obtained for building this from the State Commission in Lunacy. The work has been done by the

Buffalo State Hospital—Annual Report

hospital mechanics and proves of the greatest pleasure and benefit to the patients.

In all the building operations which have gone on, we feel that the hospital has obtained the benefits of full and free competition; that it has secured in every instance excellent and responsible contractors in the lowest bidders and that all of the work has been excellently done.

The crowded condition of the offices on the first floor of the administration building has rendered the question of additional office room, a very important one, and the matter was brought to the notice of the chairman of the building committee. A plan was submitted to him for building a series of four rooms between the corridors in the rear of this building, on a level with the present floor, in a manner which would not detract in any way from the architectural appearance, and would at the same time give much relief to the already crowded quarters. This entire change, it is estimated, will not cost more than \$1,000, and the chairman of the building committee authorized the superintendent to get definite estimates for the same. This plan meets the approval of the board.

With the limited area of the land on which the institution is situated, the board hopes that no further extension of buildings for patients will be necessary or contemplated. They do, however, wish to recommend the advisability of a few buildings, which were urged in the annual report of last year, and which they then considered and still deem necessary for the proper conduct of the institution, with its present population. These were not secured last year, although asked for, on account of lack of funds. These items are as follows:

Residence for superintendent.

Residence for medical staff.

Cottage for male employees.

The conversion of the present icehouse into a cold storage house.

The replumbing and refurnishing of the closets and washrooms in the easterly wing, main building.

Buffalo State Hospital—Annual Report

A chapel and amusement hall.

The conversion of the three upper floors of the administration building into dormitories for quiet patients.

The managers wish to repeat these recommendations, made in their report of last year, and to strongly urge upon the State Commission in Lunacy the necessity and the advisability of their adoption at the present time. The reasons which then existed for a cold storage building, cottage for male employes, a chapel and amusement hall, and residences on the ground for the medical staff are fully as potent now as then.

The increased population, and the fact that a large proportion of the patients will now be at a considerable distance from the main building, namely, in the infirmary building, renders the argument for the amusement hall much stronger. The present chapel and amusement hall is, as was stated before, entirely too small for the present population. It will now be at still greater distance for many of the patients to reach, and is inadequate for the purpose. Its greatest objection lies in the fact that it is in the fourth story, with no elevator, and this to many of the patients, especially the old and feeble, who of all classes in the institution derive comfort and gratification in the religious services, is almost prohibitory.

The managers would also recommend the building of residences for the superintendent and staff upon the grounds. As the State Commission in Lunacy desires to accommodate a larger number of patients in the hospital at this end of the State, without the erection of additional buildings, we would again point out the great economy and ease with which the upper floors of the administration building could be converted into dormitories by the expenditure of a few thousand dollars for alterations.

They would also urge again remodeling and refurnishing the closets and lavatories, etc., of the old easterly wing, which have not been renewed since it was first occupied.

To offset the loss of the land which it was proposed should be taken for the speedway, it was planned that with the proceeds

Buffalo State Hospital—Annual Report

of the sale therefrom, a farm should be bought within a convenient distance, to which the cattle and stock, now pastured and housed upon the hospital premises, should be removed, thus releasing more land for park purposes for the patients. Although the project of the speedway has been abandoned, yet the managers feel that 187 acres is too small a space for a population of 1,500 patients and for farm purposes in addition, and they would still recommend that a farm be bought for the use of the dairy.

It is believed that a farm of moderate size, for this purpose, can be purchased within driving distance, or if this proves impossible, within easy distance by rail.

Much of the land now utilized for raising corn for the silo, for grain, etc., for the cows and for pasturage, could thus be given up to walks and recreation grounds for the patients, with distinct advantage to them. The encroachments of the city upon the hospital property, and the increasing number of residences which are being built around its borders, increase also the difficulties of the problem of drainage from the cow barns and pig-gery, and renders an additional reason why accommodations for live-stock should be secured in the country.

Notwithstanding all the constructional operations which have been in progress this year, we feel that the medical treatment of the patients has been in no wise overlooked, and that the care and treatment of the patients have been conscientiously and faithfully observed, not only providing for the comfort of all, but for the cure of those in whom recovery was possible, and we desire to acknowledge hereby our recognition of the faithful services of the medical officers, nurses, attendants and employes generally.

JOSEPH P. DUDLEY,
DANIEL H. McMILLAN,
THOMAS LOTHROP,
JOHN E. POUND,
FREDERICK P. HALL,
Mrs. JESSIE H. JEWETT,
Mrs. ESTHER K. McWILLIAMS.

Buffalo State Hospital—Annual Report

TREASURER'S REPORT FOR THE YEAR ENDING
SEPTEMBER 30, 1897

GENERAL FUND.

Receipts.

On hand from last year.....	\$1,893 13
From Comptroller, for maintenance..	\$201,118 69
From sale of old materials.....	721 91
From interest on deposits.....	286 30
From reimbursing patients.....	10,700 32
From private patients.....	8,256 09
From miscellaneous	116 50
	<hr/>
	221,199 81
Total.....	<hr/>
	\$223,092 94

Expenditures.

1. Officers' salaries	\$16,891 08
2. Wages	80,188 82
3. Provisions and stores.....	70,593 17
4. Ordinary repairs.....	6,060 32
5. Farm and grounds.....	6,542 78
6. Clothing	8,948 09
7. Furniture and bedding.....	9,241 11
8. Books and stationery.....	1,280 58
9. Fuel and light.....	12,350 91
10. Medical supplies	4,086 20
11. Miscellaneous expenses	3,566 89
12. Transportation	1,248 87
	<hr/>
	220,998 82
Balance to new account.....	<hr/>
	\$2,094 12

Buffalo State Hospital—Annual Report

FOR INFIRMARY BUILDING (BALANCE OF REAPPROPRIATION).

Receipts from Comptroller.....	\$30,420 29
Payments as per vouchers No. 11 to 16, inclusive...	30,420 29

FOR EXTRAORDINARY IMPROVEMENTS.

Receipts.

On hand from last year (for wages).....	\$2,019 37
From Comptroller, chapter 693, Laws 1895.....	\$43,563 25
From Comptroller, chapter 944, Laws 1896.....	95,936 67
From Comptroller, chapter 460, Laws 1897.....	11,009 28
From interest on deposits.....	81 31
	<hr/> 150,590 51
Total.....	\$152,609 88

Payments.

Under chapter 693, Laws 1895, vouchers 193 to 233, inclusive.....	\$43,563 25
Under chapter 944, Laws 1896, vouchers 1. to 45, inclusive.....	95,936 67
Under chapter 460, Laws 1897, vouchers 1 to 53, inclusive.....	11,009 28
	<hr/> 150,509 20
Balance to new account.....	\$2,100 68

GENERAL BALANCE.

Receipts.

On general fund.....	\$223,092 94
On infirmary building.....	30,420 29
On extraordinary improvements.....	152,609 88
	<hr/> \$406,123 11

Buffalo State Hospital—Annual Report

Expenditures.

From general fund.....	\$220,998 82	
From infirmary building.....	30,420 29	
From extraordinary improvements...	150,509 20	
	<hr/>	
Total paid	\$401,928 31	
Add general fund balance.....	2,094 12	
Add extraordinary improvement bal-		
ance.....	2,100 68	
	<hr/>	\$406,123 11
		<hr/>

ELIAS S. HAWLEY,
Treasurer.

SUPERINTENDENT'S REPORT

To the Board of Managers of the Buffalo State Hospital:

In accordance with the law organizing the hospital, I respectfully make this, the twenty-seventh annual report of the operations of the institution for the year ending September 30, 1897.

GENERAL STATISTICS OF THE HOSPITAL.

Movement of Patients.

	Men.	Women.	Total.
Patients in hospital September 30, 1896.....	469	663	1,132
Admitted during the year.....	213	187	400
	<hr/>	<hr/>	<hr/>
Total	682	850	1,532
	<hr/>	<hr/>	<hr/>
Discharged.			
Recovered	41	31	72
Improved	28	33	61
Unimproved	14	12	26
Died.	50	48	98
Inebriates	20	2	22
	<hr/>	<hr/>	<hr/>
Total.	153	126	279
	<hr/>	<hr/>	<hr/>
Remaining in hospital September 30, 1897.....	529	724	1,253
	<hr/>	<hr/>	<hr/>

Buffalo State Hospital—Annual Report

Maximum number under care, 1,253.

Minimum number under care, 1,125.

Daily average under care, 1,193.

Percentage of recoveries to number of admissions, 18 per cent.

Percentage of recoveries to average population, 6.03 per cent.

Percentage of recoveries to number discharged, 25.80 per cent.

Percentage of recoveries to number discharged, exclusive of deaths, inebriates, etc., 45.22 per cent.

MEDICAL SERVICE.

The medical work of the hospital during the past year has been prosecuted with the same conscientiousness and attention, which have always been the aim of the medical staff. The individual treatment of patients has been strongly inculcated and faithfully carried out by assistant physicians and nurses. The facilities for the individualized care and study of the new admissions have not been what could be desired, but with the new building now rapidly approaching completion, the opportunities for this individual study will be greatly enhanced.

The laboratory in connection with the new building is of generous dimensions, is well situated for microscopical and laboratory work, is convenient of access to the acute wards, and in every way will be a distinct improvement upon our present laboratory which from necessity has been located in one of the corridors designed as a day room for patients.

The clinical amphitheatre situated immediately above the laboratory, and accessible to students by a separate stairway, allowing egress and ingress without trespassing upon the wards, is nearly completed, and it is expected that by the opening of the school year, it will be sufficiently advanced towards completion to allow its utilization for the clinical teaching of insanity for the two medical colleges, which annually send their graduating classes to this hospital for instruction in this branch of medicine.

The clinical material in this group of buildings will be ample for clinical teaching, as the acute wards receive all the new ad-

Buffalo State Hospital—Annual Report

missions, while the wings contain the chronic class and thus illustrations of all types of mental diseases in all stages may be easily and properly presented to the students.

The benefit to the community, to the hospital and to the profession, from the teaching of insanity in vogue at this hospital for several years, is, we believe, already beginning to be manifest. Graduates of recent years from the colleges here, who practice in Buffalo and vicinity, acquire a familiarity with the forms of mental disease, which renders them quick to recognize mental disturbance, to be prompt in its treatment, and accurate in their judgment as to whether or not hospital treatment is required. To the patient much depends on the prompt recognition of insanity and early treatment, as has been said over and over again for many years, but it is no less true from being trite.

We have to record the promotion, on February 1, 1897, of Dr. Percy Bryant, first assistant physician in this hospital, to the position of medical superintendent, male department, Manhattan State Hospital, New York city. Dr. Bryant had been connected with the Buffalo State Hospital since 1889, and was by his energy, ability and experience, well fitted for the position to which he was called.

The post thus made vacant was filled by the appointment of Dr. Henry P. Frost, first assistant at the Willard State Hospital. Dr. Frost had been assistant, first assistant, and often acting superintendent at Willard, and had filled the respective positions with marked ability and success. He assumed his duties March 9, 1897.

Dr. M. D. Hughes, who was mentioned in last year's report as having been appointed medical interne, was July 1st, made junior assistant on the staff, having deserved the promotion by his faithfulness and ability.

These changes were made in accordance with civil service rules.

The gynaecological work has, as in previous years, received a large share of the time and attention of Dr. Helene Kuhlmann.

Buffalo State Hospital—Annual Report

and whenever operative procedures have been necessary, they have been promptly and efficiently performed; not only to relieve conditions which may be in themselves active and exciting causes of nervous and mental disease, but where they were a contributing factor only, and a source of irritation and distress and general ill health.

Clinics for this branch of medical work are held three days a week, and many minor operations are performed constantly. In three cases, however, involving major operations, such as internal shortening of the round ligaments, Alexander's operation, and a double oöphorectomy, the hospital was fortunate in receiving the gratuitous services of Dr. Carlton C. Frederick of this city, and all, we are pleased to be able to report, resulted favorably. One of the patients has gone home recovered, another has improved sufficiently to warrant her going home on trial, and the third has gained both mentally and physically and we look for ultimate recovery.

OCCUPATION.

The table of occupation will show that sixty-six per cent. of the patients have been engaged in useful occupation. Fully realizing the beneficial effects of occupation in mental diseases, we have been striving to enlist as large a proportion of patients as possible in some form of useful employment. The enlargement of the present shoe manufacturing and clothing departments is contemplated, and by their removal to more commodious quarters the general work room which is now used for mattress making, broom and brush making, upholstering, weaving, etc., will be much enlarged and more patients can be employed therein.

GROUNDS.

Much work upon the grounds and lawns remains to be done next year; work of a character quite fitted for strong men patients, although a great deal has been accomplished since the building has been put in such condition as would allow work in its vicinity. The planting of trees, shrubbery, hedges, the laying out of roads,

Buffalo State Hospital—Annual Report

the manufacture of cement walks are all occupations fully within the ability of certain of our patients, under the guidance of a skilled landscape gardener, and this class of work has been prosecuted to a large extent, subject only to the limitations heretofore mentioned.

RECOMMENDATIONS.

The recommendations for the coming year are but a repetition of those enumerated in several previous annual reports. The changes suggested in the managers' report and referred to in the superintendent's report of last year, remain of the same force and effect as at that time. It suffices to mention them without again detailing the causes which render these changes desirable.

We would consider the erection of a house for the superintendent and for the medical staff upon the grounds, the conversion of the three upper stories of the administration building into dormitories for patients, and the erection of a new chapel and amusement hall on the first floor, of the first importance. Many of our patients are transfers from other hospitals, of a class feeble in strength and advanced in years, and to climb four flights of stairs to attend religious services, is a distinct hardship to all and an obstacle insurmountable to others. When to this condition is added the fact that the chapel is entirely too small and illy ventilated, it seems as if no further argument were needed to demonstrate its desirability.

The increase in the population of the institution and its greater needs, also render necessary the enlargement of our meat and butter storerooms, and with this change should come the erection of a cold storage house and apparatus, a measure long needed.

These recommendations include also the replumbing and refurnishing of the closets and washrooms in the easterly wing of the main building, and the erection of a cottage for men attendants, which will increase the capacity of the male wards for patients, considerably, and more cheaply than by building separate hospital buildings, and will at the same time increase the contentment and permanence of the male nursing staff.

Buffalo State Hospital—Annual Report

The desirability of a farm within easy distance to which the dairy and the pigs can be removed, thus not only increasing the land available for park purposes for the increased number of patients, but at the same time simplifying the pressing drainage problem with which we are confronted, is again re-emphasized.

TRAINING SCHOOL.

The training school for nurses still continues in active operation and we believe, still maintains the high standard set for it by the late superintendent, Dr. Andrews, who established it in 1884, the first training school for nurses in a public institution for the insane in this State, as well as in the country. The text book now in use is that prepared by Dr. P. M. Wise, and meets the wants of our school most admirably. It is well adapted for teaching purposes, being of special value to the staff, each member of which assumes a certain portion of the schedule of lectures and recitations.

The following members of the training school were graduated:

Mrs. Lora Malzen, Helen Collins, Inez Klingensmith, Ruth Archibald, Jane M. Barrett, Bertha Saeger, Bertha Shuart, Emma C. Bowen, Margaret L. Chalmers, Kate Walker, Elizabeth Herbert, Anna Rourke, William F. Creenan, Addison Colton, Wesley E. Chapman, Orin L. Murrell, William G. Avery, William F. Carr, Daniel W. Keating, William Murphy and Jerry Hannon.

The school for patients, which is confined to the young women, is still in operation and is conducted by the housekeeper of the Nurses' Home. It is of distinct advantage to many and a means of recreation and employment to all. To those convalescing it seems to be a form of mental exercise, resulting in increased mental strength and more rapid recovery. In other cases it seems also to conserve a certain degree of mental energy and tends to arrest dementia.

AMUSEMENT.

The amusements and recreations during the winter months have been continued as formerly, including the fortnightly dances and

Buffalo State Hospital—Annual Report

concerts, and have been thoroughly enjoyed as heretofore. The physical culture class under the direction of Miss Fay has also been continued with the usual benefit to the patients. The following entertainments have been given:

Entertainment by Mr. Ritchie, The Unity Club, The Schubert Club, concert by the Guard of Honor orchestra, Stereopticon lectures by Mr. Frederick Vogt, recitations from Shakespeare by Mr. George B. Williams, and a "chalk" talk by George E. Little.

The religious services have been continued each Sunday, except for a few weeks during the hot summer weather, and the following clergymen have officiated throughout the year:

The Rev. Thomas Berry, Rev. Thomas Slicer, Rev. F. J. Burns, Rev. Joseph K. Mason, Rev. Anson G. Chester, Rev. Robert Scott, Rev. J. D. Phelps, Rev. J. N. Fields, Rev. W. L. Hunton, Rev. J. McGrath and Rev. H. A. Dolan.

The present plan of inviting different clergymen to officiate during the year has worked to the great satisfaction of all, many of the patients thus being able to hear the clergyman of their church or faith or denomination at some time during the year.

The library has been increased by the addition of forty-seven books, obtained from a carefully selected list published by the Public Libraries Division of the University of the State of New York. In addition to this we have endeavored to obtain by gifts and otherwise, many books, periodicals and magazines for the use of the patients in the ward. Many families, as well as clubs at the end of the year, have kindly given to the patients, books, magazines, etc., singly or in sets for binding, which are very much appreciated. Were the number of people largely increased who would make it a custom to give to the patients reading matter, it would add much to the happiness and comfort of the inmates.

We wish to return thanks to the following named persons, who from time to time during the year have sent gifts of magazines, newspapers and other reading matter for the use of patients:

Mr. Fleishman of Buffalo; Mrs. Catherine B. Hastings of North Tonawanda; the Christian Endeavor Society of Fozburg, Pa.; Mr.

Buffalo State Hospital—Annual Report

Ralph Hildom, Randolph, N. Y.; First Congregational church, Buffalo; Mrs. G. Morgan, Cape Vincent, N. Y.; Mr. William P. Northrup, Mr. H. J. Weisenheimer, and the Iroquois hotel.

Our thanks are also due to the following named newspapers for free copies: Chautauqua Farmer, Le Roy Gazette, Ithaca Democrat, Batavia Daily News, The Evangelist, Christian Uplook, Niagara Courier, Jamestown Standard, Rochester Volksblatt, Elmira Gazette, Binghamton Democrat, Allegany County Democrat, Olean Gazette, Binghamton Democrat, Allegany County Democrat, Olean Democrat, Erie Zuschauer and Sontagsgast, Buffalo Sunday News and Buffalo Sunday Times.

OFFICIAL VISITS.

The members of the State Commission in Lunacy, members of the Board of Managers and the official representative of the State Charities Aid Association, have all visited the hospital and thoroughly inspected it in all its workings and departments. We are under obligations to them for many helpful suggestions.

To the medical staff and to the nurses and attendants and employes of the hospital, for their conscientious and faithful performance of duty, acknowledgment is hereby made.

ARTHUR W. HURD,

Superintendent.

STEWARD'S REPORT**FARM.**

Horses	12
Cows	54
Swine	223
Chickens	69
Hay, tons	49½
Straw, tons	6
Oats, bushels	255
Corn fodder, tons	167½

Buffalo State Hospital—Annual Report

Beef, pounds	22,581
Tallow, pounds	1,713
Pork, pounds	14,063
Lard, pounds	10,997
Milk, gallons	54,379
Eggs, dozen	301½
Hides, pounds	1,605

GARDEN.

Currants, quarts	82
Beets, bushels	43
String beans, bushels	1½
Corn, dozens	101
Cabbage	1,787
Lettuce	3,109
Parsley, heads	105
Peas, bushels	44½
Radishes, bunches	198
Tomatoes, bushels	118
Celery, heads	1,383
Cucumbers, dozens	42½
Rhubarb, bunches	136
Onions, bunches	695
Spinach, bushels	30
Beet greens, bushels	24
Cauliflower, heads	500
Asparagus, bunches	28
Vegetable marrow, bunches	30
Kale, bushels	32
Mint, bunches	22
Squash	220

TAILOR SHOP.

Coats, new	277
Vests, new	282

Buffalo State Hospital—Annual Report

Trousers, new	342
Overcoats, new	16
Overalls, new	42
Jackets, new	31
Uniforms, attendants'	1
Coats, repaired	2,000
Vests, repaired	1,902
Trousers, repaired	3,303
Overcoats, repaired	200
Suits, pressed	310

SHOE SHOP.

Shoes, pairs	172
Slippers, pairs	311
Shoes, repaired, pairs	1,110
Slippers, repaired, pairs	343

WORKSHOPS, ETC.

Hard soap, pounds	10,069
Laundry soap, pounds	152,500
Mattresses, made	434
Pillows, made	221
Brooms, made	1,625
Scrub brushes, made	762
Chairs, caned	30
Couches, remade	10
Arm chairs, remade	5
Couches, re-upholstered	6
Lounges, tapestry, covered	2
Hair cushions, made	9
Piano stools, upholstered	2
Carpet rugs, made	12
Couches, repaired	9
Rocking chairs, upholstered	2
Arm chairs, upholstered	1
Barber chairs, upholstered	6

Buffalo State Hospital—Annual Report

LAUNDRY.

	Pieces.
Bedding, etc., and patients clothing, about.....	1,300,000
Attendants' clothing, about.....	80,000
Officers clothing, about.....	28,000

FLORAL DEPARTMENT.

Cypress	58
Begonias	142
Carnations	265
Chrysanthemums	728
Fuchsias	130
Myrtles	18
Hydrangeas	80
Pelargoniums	185
Roses	352
Poinsettias	98
Stevias	34
Callas	95
Lillium	300
Heliotropes	6
Arbutus	15
Eucalyptus	34
Lemon trees	2
Hibiscus	37
Opihopigon	36
Lemon vibenas	12
Cannas	350
Geraniums	1,446
Ampelopsis	120
Aracalyphas	84
Eulerpeedulis	1
Cicus revoluta	1
Pancratum	1
Soap plant	106
Chaemerops humilis	1

Buffalo State Hospital—Annual Report

Andinthums	59
Ferns.	183
Dracena fragrans	2
Ficus parcelli	6
Alocacias	10
Anthurium	1
Pandanus veitchi	57
Pandanus utilis	1
Musa ensete.	7
Selagenellas	26
Sanchezia	42
Crotans	75
Compolibotris	24
Dracena termanalis	21
Curculego	27
Dieffenbachias	78
Orchids	25
Alternantheras	494
Palms	24
Aspidestras	21
Coleus	282
Phoenix reclinata	110
Kentia ballomoriana	40
Kentia fosteriana	62
Laiania borb	112
Areca luscens	40
Areca rubra	1
Schismatoglottis crispa	34

Buffalo State Hospital—Annual Report

MATRON'S REPORT

Articles Made in the Sewing-room from October 1, 1896, to October 1, 1897.

Aprons (women's)	2,276
Aprons (men's kitchen).....	304
Abdominal supporters	3
Bandages, yards material.....	1,682
Burial robes	50
Bed spreads, hemmed	9
Caps (nurses and attendants).....	1,108
Caps (kitchen use).....	82
Curtains	356
Curtain bands	229
Cupboard spreads	110
Clothes bags.....	369
Chemises	690
Dresses	1,241
Dresses, strong	41
Dresses, quilted	4
Drawers, cotton	579
Drawers, domett	595
Drawers, men's domett.....	685
Dress waists	23
Furniture pads	192
Feeding bibs	24
Ironing holders	116
Jackets (women's)	68
Jackets (kitchen use).....	96
Jackets, long sleeved.....	32
Laundry bags	30
Mattress covers	428
Mittens, pairs	17
Night dresses	77
Pillow slips	2,041

Buffalo State Hospital—Annual Report

Pillow ticks	169
Sheets	4,039
Sheets, protection	15
Sheets, quilted protection.....	1
Shirts	797
Skirts, canton flannel.....	464
Shirts, canton flannel.....	37
Shirts, night	24
Shades, window	64
Socks, knitted, pairs.....	121
Tablecloths	454
Table napkins	596
Towels, hand	2,507
Towels, roller	228
Towels, dish	949
Tea and coffee strainers.....	16
Wrappers, women's domestt.....	600
Wrappers, men's domestt.....	643
Miscellaneous articles made.....	164
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Total	25,445
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Articles repaired in sewing-room.....	172
Articles repaired on wards.....	9,876
<hr/>	
Total	10,048
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Buffalo State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30, 1897.

	Men.	Women.	Total.
Remaining October 1, 1896	469	663	1,132
Admitted during year ending September 30, 1897:			
On original commitments:			
From residences	208	184	392
By transfer from county houses	1	2	3
By transfers from other institutions for insane	4	1	5
Total number under treatment during year.	682	850	1,532
Daily average population	497	696	1,193
Capacity of institution	428	675	1,103
Discharged during year:			
As recovered	41	31	72
As improved	28	33	61
As unimproved	14	12	26
As not insane (inebriates, opium habitués, etc.)*	20	2	22
Died	50	48	98
Whole number discharged during year....	153	126	279
Remaining October 1, 1897	529	724	1,253
	Men.	Women.	Total.
*Inebriates	15	2	17
Morphine habit	5	.....	5

Buffalo State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening	Nov. 1880
Total acreage of grounds and buildings	183
Value of real estate, including buildings	\$1,839,953 00
Value of personal property	87,178 44
Acreage under cultivation	70
Receipts during year:	
From State treasury for maintenance on estimates	
1 to 12 inclusive	203,011 82
From private patients	8,256 09
From reimbursing patients	10,700 32
From all other sources	1,124 71
<hr/>	
Total receipts for maintenance	\$223,092 94
Total receipts from State Commission in	
Lunacy for extraordinary improvements....	183,030 17
<hr/>	
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries	\$16,891 08
Estimate No. 2. For wages	80,188 82
Estimate No. 3. For provisions and stores	70,593 17
Estimate No. 4. For ordinary repairs	6,060 32
Estimate No. 5. For farm and grounds	6,542 78
Estimate No. 6. For clothing	8,948 09
Estimate No. 7. For furniture and bedding	9,241 11
Estimate No. 8. For books and stationery	1,280 58
Estimate No. 9. For fuel and light	12,350 91
Estimate No. 10. For medical supplies	4,086 20
Estimate No. 11. For miscellaneous expenses	3,566 89
Estimate No. 12. For transportation	1,248 87
<hr/>	
Total disbursements, estimates 1 to 12 inclusive,	\$220,998 82
<hr/>	
Total disbursements during year for extraordinary	
improvements under apportionments by State	
Commission in Lunacy	\$180,929 49
<hr/>	

Buffalo State Hospital—Annual Report

Table No. 2—(Concluded).

Balances October 1, 1897:	
General maintenance fund	\$2,094 12
Apportionments by State Commission in Lunacy for extraordinary improvements	2,100 68
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	3, 56
<hr/>	
Maximum rate of wages paid attendants:	
Men	\$34 00
Women	29 00
Minimum rate of wages paid attendants:	
Men	20 00
Women	14 00
Proportion of day attendants to average daily popu- lation	1 to 11-39/105
Proportion of night attendants to average daily population	1 to 79-8/15
Percentage of daily patient population engaged in some kind of useful occupation .....	.66
Estimated value of farm and garden products dur- ing year	\$14,334 97
Estimated value of articles made or manufactured by patients during year	10,470 01
<hr/>	

Buffalo State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	16	12	28	5	2	7	7
Mental strain, worry and overwork (not included in above).	15	11	26	4	4	8	2
Religious excitement.	1	4	5	1	1	2	1
Love affairs (including seduction)	1	2	3	.....	1	1	...
Physical:							
Intemperance	18	5	23	3	1	4	
Sexual excess	1	.....	1	.....	.....	.....	...
Venereal diseases	5	2	7	.....	.....	.....	2
Masturbation	5	1	6	1	.....	1	1
Sunstroke	5	.....	5	2	.....	2	...
Accident or injury	6	3	9	1	1	2	2
Pregnancy . . . . .	.....	6	6	.....	1	1	...
Parturition and puerperium . . . . .	.....	10	10	.....	2	2	...
Lactation . . . . .	.....	2	2	.....	2	2	...
Change of life . . . . .	.....	7	7	.....	2	2	1
Privation and overwork	4	.....	4	1	.....	1	2
Epilepsy	6	11	17	.....	3	3	...
Diseases of skull and brain	1	7	8	1	3	4	...
Old age	10	12	22	2	3	5	8
Epidemic influenza	3	.....	3	.....	.....	.....	1
Abuse of drugs	1	1	2	.....	.....	.....	...
Other auto-infection	1	.....	1	.....	.....	.....	1
All other bodily disorders and ill health	18	15	33	3	2	5	4
Heredity	6	8	14	6	8	14	...
Congenital defect	7	5	12	2	.....	2	1
Unascertained	66	63	129	10	15	25	24
Not insane	17	.....	17	.....	.....	.....	...
Total	213	187	400	42	51	93	59



WYKHOOP-HALLENBECK-CRAWFORD CO.

BUFFALO STATE HOSPITAL.



WYWOOD HALL ENBECK CRAWFORD CO

BUFFALO STATE HOSPITAL.—ADMINISTRATION BUILDING.



WYNKOOP HALL ENSECK CRAWFORD CO

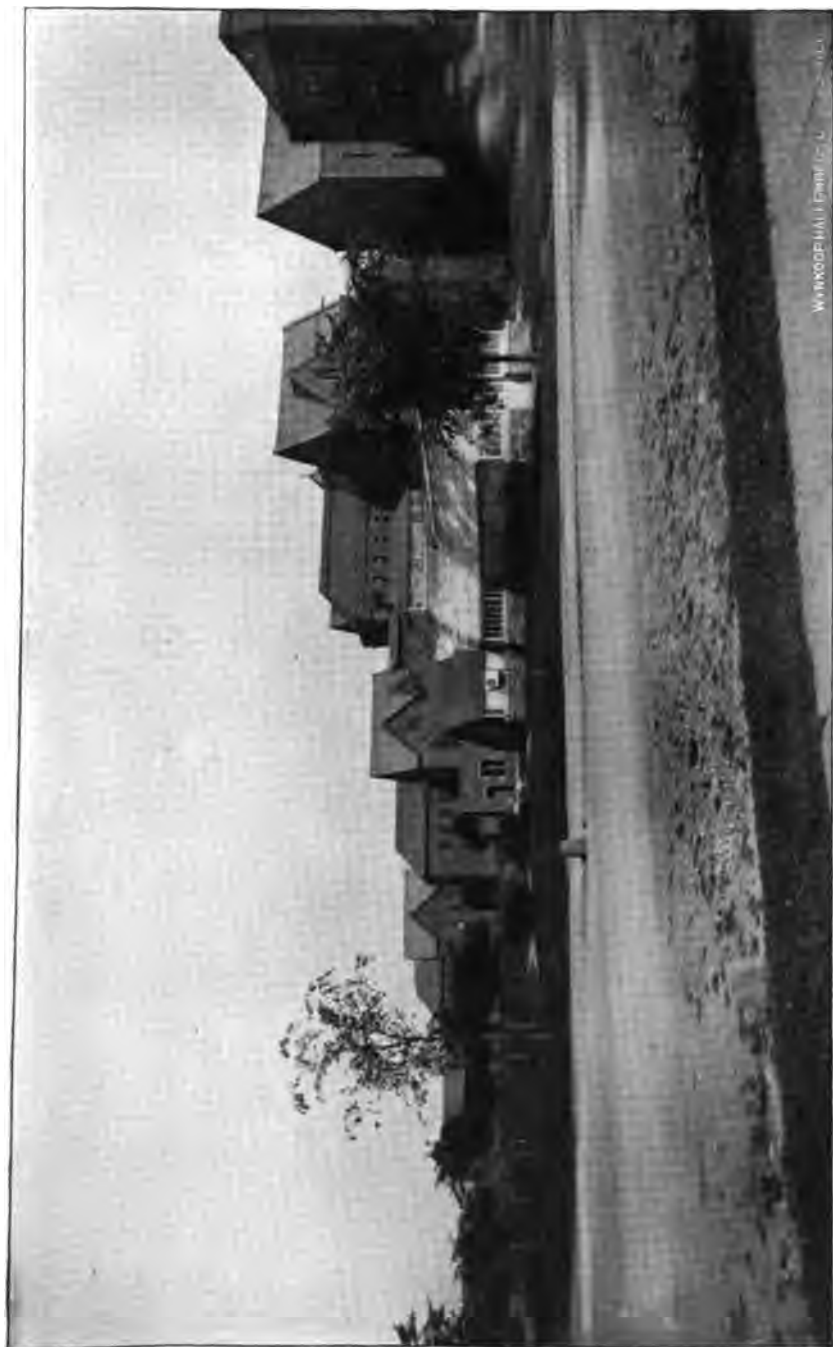
BUFFALO STATE HOSPITAL.—WEST WING—MAIN BUILDING.

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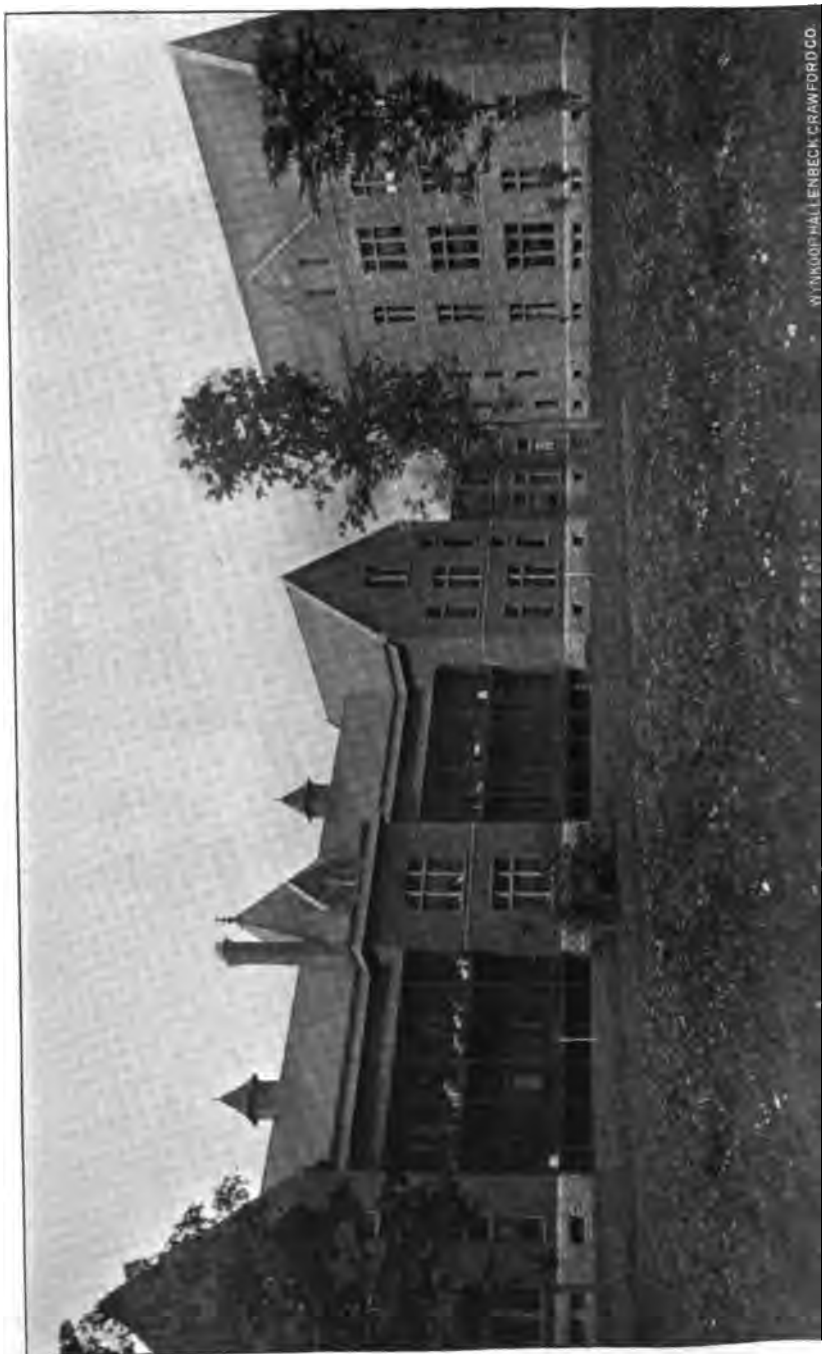
PHOTOGRAPHED BY NEECK CHANFORD CO.

BUFFALO STATE HOSPITAL.—WARD 13, FOR WOMEN.



WINDOGEHALL PHOTOGRAPH CO.

BUFFALO STATE HOSPITAL.—EAST WING—MAIN BUILDING, FROM THE REAR.



WYNTON HALL, ENBECK CRAWFORD CO.



W. H. 2005 WALLING & CHAMBERLAIN CO.

BUFFALO STATE HOSPITAL.—WARD 11, FOR MEN.



BUFFALO STATE HOSPITAL —ELMWOOD BUILDING.

Buffalo State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious	2	.....	1	2	.....	1
Mania, acute	77	27	4	*828	415	62
Mania, recurrent.....	5	2	...	45	23	2
Mania, chronic.....	17	.....	2	214	8	21
Melancholia, acute	111	40	8	*959	411	98
Melancholia, simple	1	.....	...	1	.....	...
Melancholia, chronic.....	16	1	4	124	11	30
Alternating (circular) insanity	1	.....	...	4	.....	...
Paranoia†.....	4	.....	...	4	.....	...
General paralysis.....	27	.....	20	154	.....	150
Dementia, primary	1	.....	...	7	3	...
Dementia, terminal (includes secondary)	102	2	59	1,097	63	270
Epilepsy with insanity.....	11	.....	...	126	6	14
Imbecility with maniacal at- tacks	7	.....	...	18	.....	...
Idiocy .....	.....	.....	...	8	.....	...
Not insane‡.....	18	.....	...	120	.....	...
Total.....	400	72	98	3,711	940	649

*Including those previously reported as subacute.

†Paranoia included in mania group before Oct. 1, 1896.

‡Inebriates, 13; morphine habit, 5.

Buffalo State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	22	31	53	48	47	95	70	78	148
{ First admission ...									
{ Second admission ..	2	.....	2	4	7	11	6	7	13
{ Third admission ...	.....	1	1	2	2	4	2	3	5
Mania in acute forms.....	9	16	25	31	22	53	40	38	78
{ First admission....	3	2	5	8	1	9	11	3	14
{ Second admission ..	3	2	5	3	.....	3	6	2	8
{ Third admission ...	.....	1	1	.....	.....	.....	.....	1	1
All other curable forms ...	2	1	3	.....	4	4	2	5	7
{ First admission....	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Second admission..	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Third admission ...	.....	.....	.....	.....	.....	.....	.....	.....	.....

Buffalo State Hospital—Annual Report

Table No. 5—(Continued).

CURABLE CONDITIONS.		LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED.												AVERAGE LENGTH OF IMMUNITY.					
		UNDER 3 MONTHS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		MEN.		WOMEN.	
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	First ad mission.
	Second ad- mission.	...	2	1	2	...	1	1	...	...	...	...	1	...	3	6	...	6
	Third ad- mission.	...	...	1	...	1	1	1	...	...	...	...	...	...	1	6	2	...
Mania in acute forms.	First ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad- mission.	...	4	...	2	1	...	1	...	1	...	1	...	1	...	1	10	2	6
	Third ad- mission.	...	4	...	1	1	...	...	1	...	...	...	...	...	1	3	1	6
All other cur- able forms.	First ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad- mission.	4	2
	Third ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Buffalo State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	16	19	35	6.6	8.	1	4.	4	4	8	3	2	5	47	53	100
{ First admission . . .	1	1	2	6.	4.									5	6	11
{ Second admission . .	2	1	3	2.5	1										2	2
{ Third admission . .	14	9	23	6.5	7.4			2	2	4	1	2	3	23	25	48
Mania in acute forms.	2		2	1	.25									9	3	12
{ First admission . . .	4		4	5.4				1		1	1	1	2		1	1
{ Second admission . .																
{ Third admission . . .																
All other curable forms.	2	1	3	8.	7										5	5
{ First admission . . .																
{ Second admission . .																
{ Third admission . . .																

Buffalo State Hospital—Annual Report

TABLE No. 6.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	19	16	35	.....	.....	.....	183	152	335	22	11	33
One to three months	8	4	12	12	4	16	109	101	210	159	84	243
Three to six months	4	2	6	11	12	23	56	57	113	127	135	262
Six to nine months	2	3	5	6	5	11	30	33	63	78	77	155
Nine months to one year	1	.....	1	7	4	11	11	6	17	44	42	86
One year to eighteen months ..	2	1	3	1	2	3	19	21	40	37	42	79
Eighteen months to two years ..	.....	.....	.....	3	2	5	3	7	10	21	21	42
Two to three years	1	.....	1	1	1	2	14	17	31	9	13	22
Three to four years .....	.....	1	1	.....	.....	.....	11	6	17	4	8	12
Four to five years .....	.....	.....	.....	.....	.....	.....	4	1	5	1	2	3
Five to ten years .....	.....	.....	.....	.....	1	1	5	5	10	1	2	3
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	8	7	15	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	4	4	8	.....	.....	.....	50	24	74	.....	.....	.....
Total.....	41	31	72	41	31	72	503	437	940	503	437	940

* Includes cases of alcoholism, opium habit, etc.

Buffalo State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess, sacro-iliac.....	.....	.....	.....	.....	2	2
Anaemia, pernicious.....	.....	.....	.....	1	.....	1
Anaemia, secondary.....	1	.....	1	1	.....	1
Aneurism, aortic.....	1	.....	1	2	.....	2
Angina pectoris.....	1	.....	1	1	.....	1
Arterio-fibrosis.....	1	1	2	2	1	3
Asthenia.....	.....	.....	.....	16	10	26
Asthma.....	.....	.....	.....	1	.....	1
Burns.....	.....	.....	.....	.....	1	1
Carcinoma.....	.....	1	1	4	2	6
Carcinoma, uteri.....	.....	.....	.....	.....	5	5
Cerebral effusion.....	.....	.....	.....	2	5	7
Cerebral embolism.....	.....	.....	.....	5	1	6
Cerebral hemorrhage.....	1	3	4	17	7	24
Cerebral softening.....	1	1	2	4	6	10
Chorea chronic.....	.....	1	1	.....	1	1
Cirrhosis of liver.....	.....	.....	.....	1	1	2
Diarrhœa, acute.....	.....	1	1	7	12	19
Diarrhœa, chronic.....	2	.....	2	8	4	12
Diphtheria.....	.....	.....	.....	2	.....	2
Dysentery.....	1	.....	1	6	12	18
Endocarditis, acute.....	.....	.....	.....	.....	1	1
Epilepsy.....	1	2	3	13	7	20
Erysipelas.....	.....	.....	.....	3	.....	3
Exhaustion from cerebral disease.....	5	6	11	46	43	89
Exhaustion from necrosis of nasal sep- tum and turb. bones.....	1	.....	1	1	.....	1
Exophthalmic goitre.....	.....	.....	.....	.....	1	1
Gastro-enteritis.....	.....	.....	.....	2	1	3
Heart disease, dilatation.....	.....	1	1	.....	1	1
Heart disease, valvular.....	1	.....	1	3	5	8
Heart disease, fatty degeneration.....	.....	.....	.....	.....	2	2
Internal injuries.....	.....	.....	.....	1	.....	1
Intestinal auto-toxæmia.....	2	.....	2	7	.....	7
Intestinal obstruction.....	.....	.....	.....	1	.....	1
Locomotor ataxia.....	.....	.....	.....	3	.....	3
Meningitis, acute.....	.....	.....	.....	3	3	6
Meningitis, chronic.....	.....	.....	.....	12	6	18
Multiple sclerosis (cerebro-spinal).....	1	1	2	1	1	2
Myelitis, acute.....	.....	.....	.....	.....	1	1
Nephritis, acute.....	.....	.....	.....	.....	1	1

Buffalo State Hospital—Annual Report

Table No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEP- TEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Nephritis, chronic.....	1	7	8	6	15	21
Œdema of glottis, tracheotomy.....				1		1
Paresis.....	16	2	18	119	24	143
Perityphlitis.....				2	1	3
Pleurisy with effusion.....				2		2
Pneumo-hydrothorax.....				1		1
Pneumonia, catarrhal.....	1	3	4	6	7	13
Pneumonia, lobar.....	2	1	3	3	6	9
Pulmonary œdema.....	1	1	2	4	2	6
Senility with exhaustion.....	4	7	11	32	32	64
Septicæmia.....				6	1	7
Shock.....				1		1
Suicide.....	1		1	6	4	10
Throat, cut.....				1		1
Thrombosis of basilar artery.....				1		1
Thrombosis of posterior tibial artery, and paresis.....	1		1	1		1
Tuberculosis, general.....				2	2	4
Tuberculosis, pulmonary.....	3	8	11	21	19	40
Typhoid fever.....		1	1		2	2
Total.....	50	48	98	391	258	649

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	28	13	41	124	91	215
Maternal branch.....	10	22	32	86	119	205
Paternal and maternal branches.....	1	1	2	11	5	16
Collateral branches.....	11	23	34	145	223	368
No hereditary tendency..	145	114	259	1,000	813	1,813
Unascertained.....	18	14	32	545	549	1,094
Total.....	213	187	400	1,911	1,800	3,711

Buffalo State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	78	63	141	816	603	1,419
Married	99	77	176	904	841	1,745
Widowed	31	45	76	175	331	506
Divorced	3	2	5	5	15	20
Unascertained	2	.....	2	11	10	21
Total	213	187	400	1,911	1,800	3,711

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	9	1	10	38	5	43
Academic	17	7	24	109	99	208
Common school	134	116	250	1,129	1,008	2,137
Read and write	23	24	47	210	196	506
Read only	11	15	26	123	133	256
No education	12	16	28	127	146	273
Unascertained	7	8	15	75	213	288
Total	213	187	400	1,911	1,800	3,711

Buffalo State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	5	1	6	7	6	13	46	36	82	78	49	127
One to three months	8	5	13	4	5	9	46	26	72	54	30	84
Three to six months	3	5	8	5	4	9	31	27	58	41	48	89
Six to nine months	3	3	6	8	3	11	31	13	44	26	27	53
Nine months to one year	3	2	5	3	7	10	13	6	19	29	25	54
One year to eighteen months ..	3	3	6	4	7	11	39	19	58	40	23	63
Eighteen months to two years ..	4	7	11	4	2	6	15	7	22	27	14	41
Two to three years	4	7	11	6	4	10	25	23	48	48	17	65
Three to four years	2	1	3	6	3	9	18	8	26	21	7	28
Four to six years	1	2	3	2	3	5	17	14	31	19	11	30
Six to ten years	2	2	4	1	3	4	16	10	26	8	5	13
Ten to twenty years	1	2	3	.....	1	1	19	9	28	.....	2	2
Twenty years and over .....	.....	.....	.....	.....	.....	.....	8	11	19	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Unascertained	18	15	33	.....	.....	.....	67	48	115	.....	.....	.....
Total	50	48	98	50	48	98	391	258	649	391	258	649
Average duration of insane life (give years and tenths)	2.0		2.8	2.0		2.4	2.00		2.06	2.00		2.03

* Includes cases of alcoholism, drug habit, etc.

Buffalo State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years				1	.....	1
From 10 to 15 years				5	5	10
From 15 to 20 years	11	7	18	83	73	156
From 20 to 25 years	18	17	35	157	147	304
From 25 to 30 years	21	23	44	212	191	403
From 30 to 35 years	30	27	57	268	262	530
From 35 to 40 years	39	20	59	285	204	489
From 40 to 50 years	39	30	69	399	340	739
From 50 to 60 years	25	27	52	256	284	540
From 60 to 70 years	16	14	30	142	165	307
From 70 to 80 years	12	18	30	83	98	181
From 80 to 90 years	2	3	5	18	23	41
From 90 and over		1	1	.....	2	2
Unascertained				2	6	8
Total	213	187	400	1,911	1,800	3,711

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years	4	2	6	35	45	80
From 20 to 30 years	13	12	25	117	142	259
From 30 to 40 years	6	7	13	162	117	279
From 40 to 50 years	11	5	16	111	67	178
From 50 to 60 years	3	5	8	52	48	100
From 60 to 70 years	3	.....	3	18	15	33
From 70 to 80 years	1	.....	1	8	3	11
Total	41	31	72	503	437	940

Buffalo State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years.....				2	2	4
From 15 to 20 years.....	1		1	9	3	12
From 20 to 25 years.....	1	3	4	18	12	30
From 25 to 30 years.....	2	4	6	19	22	41
From 30 to 35 years.....	4	3	7	48	24	72
From 35 to 40 years.....	8	4	12	80	39	119
From 40 to 50 years.....	13	5	18	74	36	110
From 50 to 60 years.....	8	6	14	59	43	102
From 60 to 70 years.....	6	12	18	48	39	87
From 70 to 80 years.....	6	6	12	28	23	51
From 80 to 90 years.....	1	4	5	6	14	20
From 90 and over.....		1	1		1	1
Total	50	48	98	391	258	649

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	25	31	56
One to three months.....	29	22	51
Three to six months.....	17	11	28
Six to nine months.....	17	18	35
Nine months to one year.....	4	2	6
One year to eighteen months.....	21	12	33
Eighteen months to two years.....	4	3	7
Two to three years.....	21	15	36
Three to four years.....	3	5	8
Four to five years.....	6	5	11
Five to ten years.....	6	15	21
Ten to fifteen years.....	2	13	15
Fifteen to twenty years.....	2	5	7
Twenty to thirty years.....	3	3	6
Thirty years and upwards.....		1	1
Not insane*.....			
Unascertained.....	53	26	79
Total.....	213	187	400

* Includes cases of alcoholism, morphia habit, etc.

Buffalo State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	20	17	37
One to three months	24	22	46
Three to six months	40	32	72
Six to nine months	30	37	67
Nine months to one year	26	24	50
One year to eighteen months	36	111	147
Eighteen months to two years	57	127	184
Two to three years	53	90	143
Three to four years	100	100	200
Four to five years	26	32	58
Five to ten years	105	115	220
Ten to fifteen years	10	16	26
Fifteen to twenty years	2	1	3
Not insane*			
Total	529	724	1,253

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional: Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.	5	.....	5	81	10	91
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.	37	3	40	298	5	303

Buffalo State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	36	.....	36	345	.....	345
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	44	.....	44	366	.....	366
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	24	.....	24	192	.....	192
Domestic service:						
Waiters, cooks, servants, etc.....	3	25	28	17	374	391
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	.....	124	124	24	1,063	1,087
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	1	1	.....	18	18
Employed in sedentary occupation:						
Tailloresses, seamstresses, bookbinders, factory workers, etc.....	.....	9	9	.....	59	59
Miners, seamen, etc.....	.....	.....	.....	15	.....	15
Prostitutes.....	.....	1	1	.....	8	8
Laborers.....	55	.....	55	460	.....	460
No occupation.....	7	23	30	94	213	307
Unascertained.....	2	1	3	19	50	69
Total.....	213	187	400	1,911	1,800	3,711

Buffalo State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Africa.				2		2
Armenia				1		1
Austria				1	1	2
Barbadoes				2		2
Belgium				1		1
Canada	7	18	25	61	95	156
Denmark				2	1	3
England	2	8	10	58	72	130
Finland				2		2
France	2		2	13	5	18
Germany	22	29	51	271	276	547
Holland		1	1	4	6	10
Hungary				2	3	5
Indian (America)				3	2	5
Ireland	17	18	35	166	240	406
Italy	4	1	5	15	7	22
Jamaica					1	1
New Foundland					1	1
Norway				1	2	3
Poland	5	7	12	21	39	60
Russia	1		1	8	3	11
Scotland				12	12	24
Sweden	5	5	10	32	32	64
Switzerland	1		1	11	7	18
Wales				3	3	6
United States	145	100	245	1,174	937	2,111
Unascertained	2		2	45	55	100
Total	213	187	400	1,911	1,800	3,711

Of the total number admitted since the 1st of October, 1888, the parents of 60.3 per cent. were both of foreign birth.

In 3.5125 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.5125 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Buffalo State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany	1	.....	1
Allegany	1	1
Broome
Cattaraugus	29	.....	29
Cayuga
Chautauqua	33	.....	33
Chemung
Chenango
Clinton
Columbia
Cortland
Delaware
Dutchess
Erie	270	6	276
Essex
Franklin
Fulton
Genesee	1	1
Greene
Hamilton
Herkimer
Jefferson
Kings
Lewis
Livingston
Madison
Monroe	1	.....	1
Montgomery
New York
Niagara	40	1	41
Oneida
Onondaga
Ontario
Orange
Orleans	1	1
Oswego
Otsego
Putnam
Queens
Rensselaer
Richmond
Rockland
St. Lawrence

Buffalo State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben	3		3
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne	1		1
Westchester			
Wyoming	12		12
Yates			
Soldiers' Home			
Total	890	10	400

Buffalo State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany		1	1			
Allegany	2	2	4		2	2
Broome						
Cattaraugus	31	52	83	1		1
Cayuga						
Chautauqua	62	76	138	2	3	5
Chemung		1	1		1	1
Chenango						
Clinton						
Columbia						
Cortland						
Delaware						
Dutchess						
Erie	365	470	835	6	5	11
Essex						
Franklin						
Fulton						
Genesee	5	4	9			
Greene						
Hamilton						
Herkimer						
Jefferson						
Kings						
Lewis						
Livingston				1		1
Madison						
Monroe	1	6	7	1	1	2
Montgomery						
New York						
Niagara	40	77	117		1	1
Oneida						
Onondaga		1	1			
Ontario						
Orange						
Orleans	6	4	10			
Oswego		1	1			
Otsego						
Putnam						
Queens						
Rensselaer						
Richmond						

Buffalo State Hospital—Annual Report

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland						
St. Lawrence						
Saratoga						
Schenectady						
Schoharie						
Schuyler						
Seneca						
Steuben		5	5			
Suffolk						
Sullivan						
Tioga						
Tompkins						
Ulster						
Warren						
Washington						
Wayne	1	1	2			
Westchester						
Wyoming	5	10	15			
Yates						
Total	518	711	1,229	11	13	24

NINETEENTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
Binghamton State Hospital
AT BINGHAMTON, N. Y.,
FOR THE YEAR ENDING SEPTEMBER 30, 1897.

TRANSMITTED TO THE STATE COMMISSION IN LUNACY.

CHAPTER 36

Nineteenth Annual Report of the Managers of the Binghamton State Hospital

To the State Commission in Lunacy:

Gentlemen.—We have the honor to submit herewith the nineteenth annual report of the Binghamton State Hospital for the year ending September 30, 1897.

Very respectfully yours,

J. B. STANBROUGH,
GEORGE H. BARLOW,
HENRY L. ARMSTRONG,
A. J. FRENCH,
ANNA L. PLATT,
KATE MOSS ELY.

Binghamton State Hospital—Annual Report

OFFICERS OF THE HOSPITAL

MANAGERS.

J. B. STANBROUGH, Esq., President.....	Owego
MRS. KATE MOSS ELY, Secretary.....	Binghamton
GEORGE H. BARLOW, Esq.....	Binghamton
HENRY L. ARMSTRONG, Esq.....	Elmira
Hon. A. J. FRENCH.....	Oneida
MISS ANNA L. PLATT.....	Owego

COUNSEL.

HON. EDMUND O'CONNOR.....	Binghamton
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TREASURER.

HON. JOHN RANKIN.....	Binghamton
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RESIDENT OFFICERS.

CHARLES G. WAGNER, M. D.....	Superintendent
CHARLES C. EASTMAN, M. D.....	First Assistant Physician
WILLIAM A. WHITE, M. D.....	Second Assistant Physician
ARTHUR P. SUMMERS, M. D.....	Assistant Physician
ROBERT G. WALLACE, M. D.....	Assistant Physician
HORACE W. EGGLESTON, M. D.....	Junior Assistant Physician
E. GERTRUDE CRUM, M. D.....	Woman Physician
EDWIN EVANS.....	Steward
MRS. L. S. SMITH.....	Matron

MEDICAL INTERNES.

CECIL MAC COY, M. D.	EDWARD GILLESPIE, M. D.
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Binghamton State Hospital—Annual Report

REPORT OF THE MANAGERS

To the State Commission in Lunacy:

Gentlemen.—In compliance with the provisions of chapter 545 of the Laws of 1896, the Board of Managers of the Binghamton State Hospital respectfully submit their nineteenth annual report together with the reports of the superintendent and the treasurer. The report of the superintendent shows that there were under treatment October 1, 1896, 1,297 patients, of whom 599 were men and 698 were women. There were admitted during the year 241, of whom 134 were men and 107 were women. More than thirty-six per cent. of those admitted during the year were virtually chronic cases; 90 were over 50 years of age; 117 were possessed of either homicidal or suicidal tendencies, and 48 were physically as well as mentally ill.

There were discharged during the year 124 men and 78 women, a total of 202. Of this number 67 went home recovered, 29 were so much improved as to warrant trial at home; 20 were unimproved, and 86 died.

The daily average population was the largest in the history of the hospital, being 74 in excess of the previous year, and we have the satisfaction of observing a higher recovery rate than ever before in the history of the hospital, and a death rate that has rarely been as low. At the close of the fiscal year, September 30, 1897, there remained under treatment 1,336 patients, of whom 609 were men and 727 were women.

The treasurer's report is a concise statement of the receipts and expenditures of the year, all of which have been made with the knowledge and approval of your Commission. The report shows that the total receipts on account of maintenance amounted to \$246,147.75, and the total expenditures \$245,587.80.

The following table is interesting, as showing the monthly disbursements for maintenance:

Binghamton State Hospital—Annual Report

October, 1896.....	\$33,850 06
November, 1896.....	19,829 92
December, 1896.....	20,420 83
January, 1897.....	21,772 62
February, 1897.....	17,080 53
March, 1897.....	18,723 10
April, 1897.....	24,668 35
May, 1897.....	22,754 08
June, 1897.....	16,434 80
July, 1897.....	16,692 67
August, 1897.....	16,716 39
September, 1897.....	16,644 45
Total.....	<u>\$245,587 80</u>

A weekly per capita cost of \$3.57.

The large expenditures during the early months were due to the accumulation of a supply of coal, which was paid for in October, and of butter, blankets and other needed supplies purchased during the autumn. Sustained efforts have been made to secure an economical administration, with the result that the weekly per capita cost for the year has been reduced from \$3.63 to \$3.57.

The following classification shows the cost of maintenance in the various departments of the hospital and also the per capita cost:

	Total cost.	Weekly per capita.
Officers' salaries	\$16,486 25	\$0.239
Wages	101,527 43	1.474
Provisions and stores.....	66,439 73	.964
Ordinary repairs	5,081 42	.074
Farm and grounds.....	7,128 64	.103
Furniture	2,489 40	.036
Bedding	5,934 93	.086
Books and stationery.....	1,854 21	.027
Fuel	19,003 77	.276
Light	464 87	.007

Binghamton State Hospital—Annual Report

	Total cost.	Weekly per capita.
Medical supplies	\$1,883 00	\$0.027
Miscellaneous	5,140 21	.075
Transportation	2,223 92	.032
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Exclusive of clothing	\$235,657 78	\$3.420
Clothing	9,930 02	.144
<hr/>		
Total	\$245,587 80	\$3.564
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SANITARY CONDITIONS.

In compliance with your request for an expression of our views as to the sanitary condition of the hospital, we would renew the suggestions embodied in last year's report, and urge the thorough inspection of the plumbing in the several hospital buildings by a competent sanitary engineer and the installation of an approved system where definite construction is found to exist.

We would especially urge the importance of renewals of both woodwork and plumbing in the east end of the north building where at present the conditions are unhealthful to an extreme degree, and the removal of employes from this building to a cottage or home which should be erected for their accommodation.

We would also call attention to the suggestion of the superintendent that the cellar bottoms in several of the buildings should be cemented, the cesspools in the rear of the buildings be discontinued and a new and larger sewer be laid from the point of their location to the manhole below the nurses' cottage.

IMPROVEMENTS AND REPAIRS.

Important improvements have been made during the year. Among these have been the erecting of an entertainment building which will provide a much-needed hall for patients to assemble for religious services and for entertainment, and also three large well-lighted rooms where employes may meet for recreation. At

Binghamton State Hospital—Annual Report

the heating plant a new boiler-house has been erected and two Fitzgibbons vertical boilers of 150-horse power each have been installed. The water service has been greatly increased by the addition to the plant of a triple expansion pumping engine capable of delivering 1,500,000 gallons of water at the hospital daily. New piping to connect the new boilers with the new pumps has also been put in place. The farm has been worked to advantage and has proved a source of material profit, and the dairy has been increased in number and improved by the addition of valuable stock. The premises about the hospital have been made more attractive by grading, the roadways have been improved by macadamizing and cement walks which were greatly needed have been laid between the buildings.

We regret the necessity of recording the destruction of the laundry by fire, which occurred August 30, 1897. The fire appears to have been caused by spontaneous combustion in the superheated drying-room, which was constructed of wood. The loss, however, was not serious, as the building was old and inadequate for the service required, and plans were under consideration for the erection of a new and more commodious structure at the time the fire occurred.

During the year just closed the managers individually and collectively have visited the hospital frequently and have noted repairs and improvements which are briefly outlined in this report but more fully explained in the report of the superintendent, to which we ask your consideration. The hospital has long been crowded beyond its capacity and the necessity for relief from this condition is so urgent that its importance cannot be overestimated.

A new hospital building of small size for acute cases would go far toward securing the relief sought for and at the same time would provide facilities for the treatment of a class of cases that need the best care the State can afford. Viewed in the light of the cures that it would help to bring about, such a hospital building would prove an economical investment.

The repairs to the north building which are fully explained in the superintendent's report are so urgent that they plead their

Binghamton State Hospital—Annual Report

own cause more eloquently than it is in our power to plead for them and the necessity of a nurses' home where nurses both mentally and physically weary after long hours of duty on the wards may find rest and comfort need be only mentioned to be appreciated.

Sun rooms for hospital wards; renewal of window casings in the main building; ventilation; steel ceilings; additional furniture; reconstruction of the main kitchen and employes' dining room; mixing machinery for the bakery; apparatus for Pasteurizing milk; a new laundry; ice making apparatus; addition to the carpenter's shop; cementing cellar bottoms; renewal of plumbing; renewal of sewer; farm fences; tree planting; reserve reservoir and pipe connections; fire alarm system; fire escapes, and general repairs are matters that merit your attention and should have favorable consideration as soon as practicable. In this connection we would especially lay stress upon our need of furniture. Scarcely anything has been done for renewals in this line during the past two years, and the wards are slowly but steadily losing their equipment.

In the aggregate the amount required for these improvements and repairs is considerable but the magnitude of the hospital is now so great and the number of patients cared for so large that its maintenance must involve material expenditures annually to keep it from decay.

Recapitulating the items recommended together with the estimated cost list as follows:

Hospital building for acute cases.....	\$30,000
Nurses' home	25,000
Repairs to the north building.....	18,000
Sun rooms, hospital wards.....	6,000
Ventilation of buildings.....	3,000
Steel ceilings	2,000
Additional furniture	3,000
Reconstruction of the main kitchen and employes' dining room	10,000
Mixing machinery for the bakery.....	1,200

Binghamton State Hospital—Annual Report

Apparatus for Pasteurizing milk.....	\$2,000
Laundry building	25,000
Ice making apparatus.....	2,500
Addition to the carpenter's shop, and machinery.....	2,000
Cementing cellar bottoms.....	1,000
Renewal of plumbing.....	10,000
Farm fences	1,000
Tree planting	500
Reserve reservoir and pipe connections.....	6,000
Fire alarm system	2,000
Fire escapes on main building.....	6,000
Removal of cess pool and renewal of sewer.....	6,000
General repairs	5,000
<hr/>	
Total	\$162,700
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In concluding our report we would note that the last nine months of the year the hospital has been under the direction of seven managers appointed by Governor Morton under the provisions of chapter 545 of the Laws of 1896 in place of the former board of eleven members. The new board as originally constituted retained four members of the old board and three new members were added, two of whom are ladies. The new board lost a valued member on June 21, 1897, through the resignation of its president Hon. Edmund O'Connor. Dr. J. B. Stanbrough was elected to succeed him as president. On July 1, 1897, Hon. Edmund O'Connor was appointed by the State Commission in Lunacy, hospital attorney.

The matron, Mrs. L. S. Smith, after serving the hospital for a period of sixteen years resigned September 30, 1897, to enjoy well earned rest. The vacancy caused by Mrs. Smith's resignation has been filled by the appointment of Mrs. Lura Sinclair, who had served in other capacities in the hospital for a period of eight years. The only other change in the official staff of the hospital has been the appointment of Dr. H. Wardner Eggleston

Binghamton State Hospital—Annual Report

as junior assistant physician. Dr. Eggleston had served acceptably as medical interne for a period of more than a year and was therefore well qualified for the duties assigned to him.

Respectfully submitted,

JOHN B. STANBROUGH.

KATE MOSS ELY.

HENRY L. ARMSTRONG.

ANNA LESBIA PLATT,

A. J. FRENCH.

GEORGE H. BARLOW.

REPORT OF THE TREASURER

To the Managers of the Binghamton State Hospital:

The treasurer of the hospital respectfully submits the following summary of his receipts and expenditures from October 1, 1896, to October 1, 1897.

GENERAL—OR STATE CARE—FUND.*Receipts.*

Balance from last annual report.....	\$2,009 16
Received from private patients.....	3,419 53
Received from reimbursing patients.....	5,988 90
Received from sundry sales.....	1,161 34
Received from Comptroller.....	233,302 18
Received from interest.....	199 64
Received from other sources.....	67 00
	<hr/>
	\$246,147 75

Disbursements.

Paid on account of officers' salaries.....	\$16,486 25
Paid on account of wages.....	101,527 43
Paid on account of provision and stores.....	66,439 73
Paid on account of ordinary repairs.....	5,081 42
Paid on account of farm and ground.....	7,128 64

Binghamton State Hospital—Annual Report

Paid on account of clothing.....	\$9,930 02
Paid on account of furniture	2,489 40
Paid on account of bedding	5,934 93
Paid on account of books and stationery.....	1,854 21
Paid on account of fuel	19,003 77
Paid on account of light	464 87
Paid on account of medical supplies	1,883 00
Paid on account of miscellaneous	5,140 21
Paid on account of transportation of patients.....	2,223 92
Balance	559 95
	<hr/>
	\$246,147 75
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SPECIAL FUNDS.

Receipts.

Balance from last annual report.....	\$623 09
Received from Comptroller, chapter 693, Laws 1895.	31,794 37
Received from Comptroller, chapter 944, Laws 1896.	29,637 09
Received from Comptroller, chapter 460, Laws 1897.	9,512 73
Received from interest.....	23 59
	<hr/>
	\$71,590 92
	<hr/> <hr/>

Disbursements.

Expended from appropriation, chapter 726, Laws 1893	\$331 26
Expended from appropriation, chapter 3, Laws 1894.	188 36
Expended from appropriation, chapter 693, Laws 1895	31,794 37
Expended from appropriation, chapter 944, Laws 1896	29,637 09
Expended from appropriation, chapter 460, Laws 1897	9,512 73
Balance	127 06
	<hr/>
	\$71,590 92
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Respectfully submitted,

JOHN RANKIN,

Treasurer.

Binghamton State Hospital—Annual Report

SUPERINTENDENT'S REPORT

To the Managers of the Binghamton State Hospital:

Gentlemen.—In compliance with the provisions of the Insanity Law I have the honor to submit to your board the nineteenth annual report of the operations, management and condition of the hospital.

For convenient reference the movement of the population during the year has been tabulated as follows:

	Men.	Women.	Total.
Remaining October 1, 1896.....	599	698	1,297
Admitted during year ending September 30, 1897	134	107	241
On original commitments:			
From residences	112	90	202
By transfers from county houses.....	6	8	14
By transfers from other institutions for insane	16	9	25
Total number under treatment during year...	733	805	1,538
Daily average population.....	612	713	1,325
Capacity of institution	605	697	1,302
Discharged during the year:			
As recovered	39	28	67
As improved	20	9	29
As unimproved	12	8	20
As not insane .....	....	....	....
Died	53	33	86
Whole number discharged during the year ..	124	78	202
Remaining October 1, 1897.....	609	727	1,336

GENERAL HISTORY

ADMISSIONS.

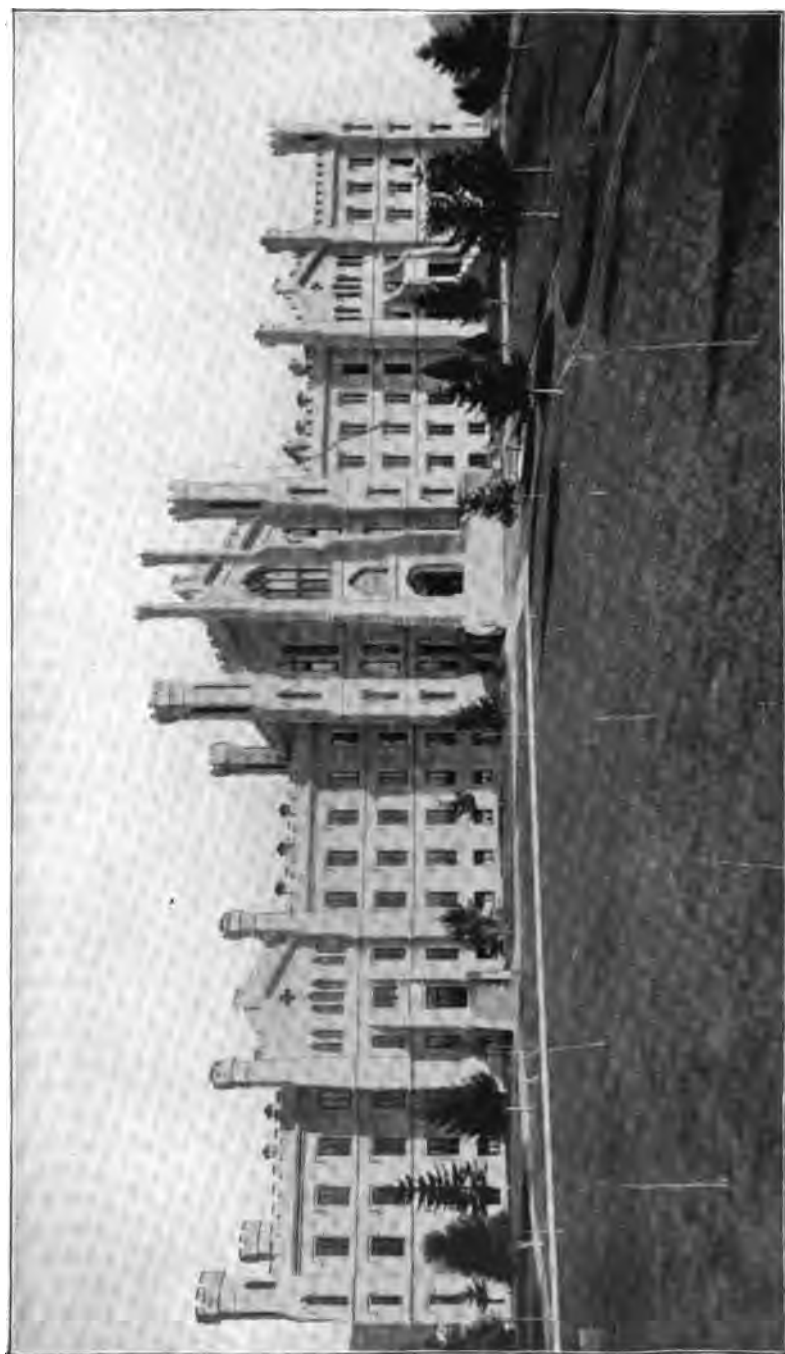
The hospital has received during the year 241 patients; 202 of which came directly from home; 14 were transfers from county houses, and 25 were received from other State hospitals. Of the total number admitted 90 were more than fifty years of age, and 48 were in a sick and feeble condition; 15 had threatened and 16 had attempted suicide; 35 had threatened and 14 had attempted homicide, and 23 had threatened both suicide and homicide.

DISCHARGES.

The table shows that 67 patients were discharged as recovered, and nearly all of these, the records show, were brought to the hospital for treatment soon after their symptoms of insanity developed, thus emphasizing the importance of early treatment; 20 came within one month, 50 within six months and 56 within a year, leaving but 11 in whom recovery occurred after insanity had existed for a period of more than a year. Of the 29 patients discharged as improved, 26 were taken home by friends, 2 eloped and 1 was transferred to the Rochester State hospital. Of the 20 discharged as unimproved, 13 went home to friends who were willing and able to care for them, 2 were transferred to the Long Island State Hospital, 2 to the Matteawan State Hospital, 1 to the Hudson River State Hospital, 1 to the Utica State Hospital, and 1 to the State hospital at Pueblo, Col. There were 86 deaths during the year. The largest number of patients under treatment at one time was 1,351; the daily average population was 1,325, and the number remaining at the end of the year 1,336.

PERCENTAGES OF RECOVERIES AND DEATHS.

The table showing the percentages of recoveries and deaths based upon the number of admissions and upon the average population respectively is highly satisfactory. The recovery rate is higher than ever before, and the death rate has rarely been as low.



BINGHAMTON STATE HOSPITAL—THE MAIN BUILDING.



BINGHAMTON STATE HOSPITAL.—EAST BUILDING, FOR WOMEN.



BINGHAMTON STATE HOSPITAL.—INFIRMARY—FOR MEN.

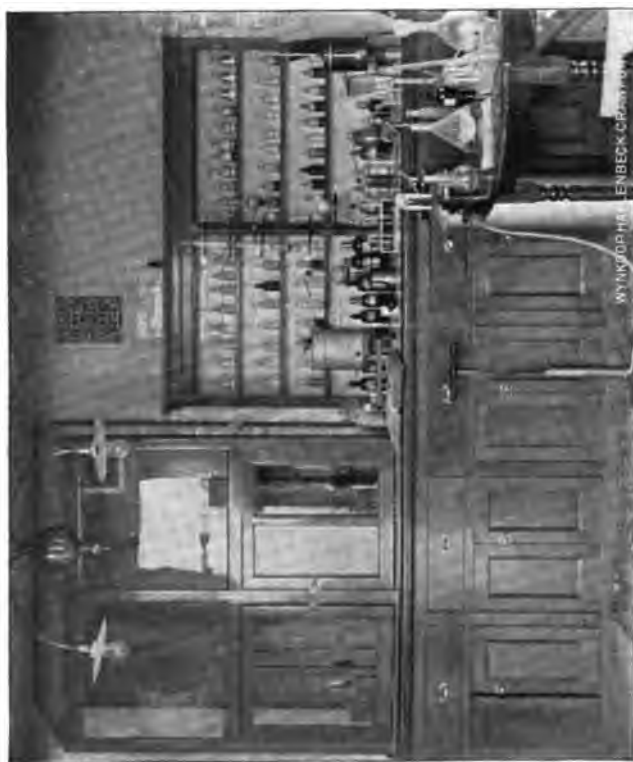
WYOMING HALL FENBECK CRAWFORD CO



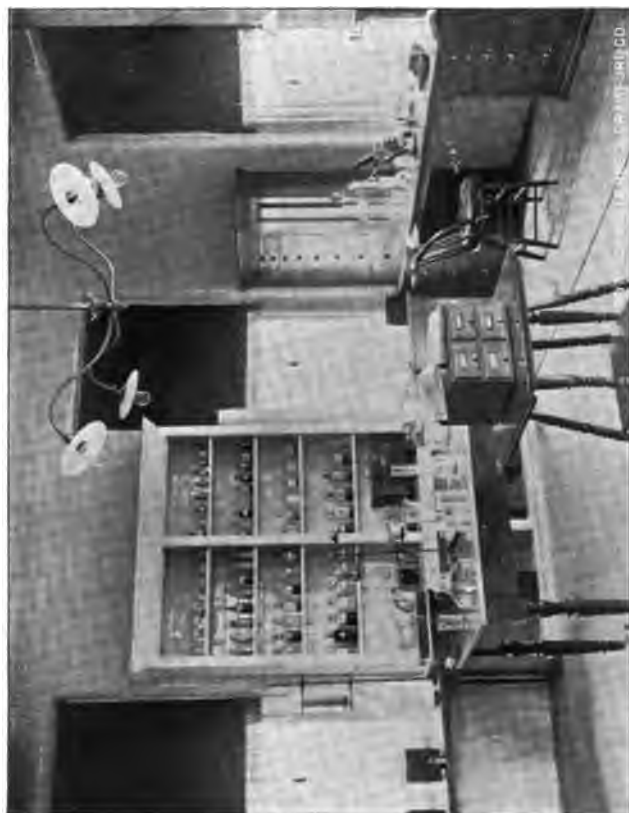
BINGHAMTON STATE HOSPITAL.—DINING ROOM FOR MEN—MAIN BUILDING.



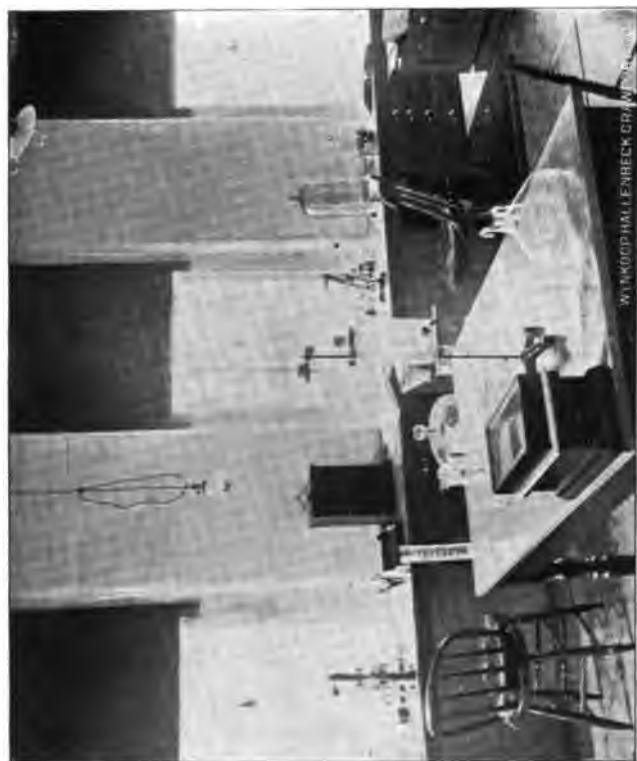
BINGHAMTON STATE HOSPITAL.—CHEMICAL LABORATORY.



BINGHAMTON STATE HOSPITAL.—CHEMICAL LABORATORY.



BINGHAMTON STATE HOSPITAL.—PATHOLOGICAL LABORATORY.



BINGHAMTON STATE HOSPITAL.—PATHOLOGICAL LABORATORY.

Binghamton State Hospital—Annual Report

THE CARE OF THE INSANE.

This subject was discussed quite fully in my report last year and I need but mention here that the general policy there outlined has been pursued during the past year. The special work in ophthalmology has been under the direction of Dr. F. M. Michael as heretofore and we are indebted to him for many important operations. A number of patients suffering from naso-pharyngeal complications have been under special treatment by Dr. R. R. Daly, with satisfactory results.

The training school is steadily growing in favor among our employes and the classes are well attended. Many of the students show special aptitude for their work, and we are gaining from year to year a constantly growing body of trained nurses whose skilled services contribute largely to the increasing recovery rate shown by our reports. Last June the graduating class numbered 22, and the junior class 21; the outlook, therefore, for the coming year is highly encouraging. The school requires much time and attention at the hands of the physicians and other instructors, but the results are so satisfactory that the time and labor are cheerfully given.

In all departments of the hospital, industry has been the watchword during the entire year. Considerable new equipment has been installed where needed and repairs have been prosecuted unceasingly. The more important work accomplished has been the following:

At the water-works and heating plant a new boiler house 45 feet by 45 feet in size has been erected of brick and floored with cement. Within this structure have been installed two Fitzgibbons' vertical marine boilers of 150-horse-power capacity each. In the pump-house, in place of an old worn-out pump, a new triple expansion condensing duplex engine has been erected by the Henry R. Worthington Company. This pump is capable of delivering 1,500,000 gallons of water at the hospital buildings daily, and is working in a highly satisfactory manner. To connect the new

Binghamton State Hospital—Annual Report

boilers with the new pumps, a system of piping has been installed, and the entire equipment appears to be giving the full service specified in the contracts. At the electric station the electric power generator unit, mentioned in my last report, was completed early in the fall of 1896 and has proved to be an ideal equipment. Besides this contract work, our own engineers have been busily engaged repairing the main steam line, renewing heating surface in the air passages and in the wards, and maintaining the integrity of the steam-heating and power system generally.

In the rear of the main building on the ground that for years had been reserved for its reception the new entertainment building has been erected. This structure has been long needed as a place for religious services as well as for assemblages of our people for other purposes, of which one of the most important is the entertainment of the patients. The modern method of caring for the insane may be summed up as the provision of pleasant surroundings, good nursing, proper medical attendance, suitable diet, entertainment and congenial occupation, and in this comprehensive scheme of care I am confident the new hall will prove an important factor.

About the hospital premises many hands have found profitable employment in the improvement of lawns, roadways and foot paths. The State Commission in Lunacy has allowed liberal funds for such work, and we have, therefore, been able to put large amounts of gravel and broken stone on our drives and have rolled them down thoroughly with the steam road roller.

The carpenters have also been constantly occupied as the reconstruction of Ward 5, and many smaller repairs bear ample testimony. Ward 5, before the reconstruction, was in an almost hopeless state of decay. It is now, without exception, the most attractive ward in the hospital, and the change has been wrought with but moderate expenditure of money.

On the farm and in the gardens rather more than the usual crops have been harvested, and a large number of patients have found congenial occupation in the fields and with the stock in the cattle barns. Indeed, our farm colony consisting of nearly a hun-

Binghamton State Hospital—Annual Report

dred patients is the most comfortable group of inmates cared for within the sphere of the hospital's domain, and the expense of maintaining this colony, although situated at a distance of a mile or more from the home plant, is materially below the average cost for the entire institution.

The success of this colony naturally suggests the idea of widening its sphere of usefulness, and I am disposed to believe that many additional patients could be so housed and maintained at much less than the average per capita cost in the State, and with more of the comforts of home than it is possible to provide where large numbers are gathered together under one roof, as in the large hospital building.

As you are aware, the hospital acquired during the past summer the property known as the Bowen place, consisting of about three acres of land, for the sum of \$2,000. This property includes a small dwelling-house, two barns, and a considerable number of fruit trees. The cottage is now used as a residence for one of the farmers.

I regret the necessity of recording the burning of the hospital laundry, which occurred August 30, 1897. The fire appears to have started in the drying-room, where a high temperature was almost constantly maintained, and had progressed so far before being discovered that the efforts of the hospital fire department to extinguish it were fruitless. The loss sustained was not very large, owing to the fact that the building was old and inadequate for the purposes it was required to serve, but the inconvenience occasioned by the interruption of laundry work was a serious matter. Our mechanics, however, at once succeeded in reclaiming some of the damaged washing machines, and by connecting them with power shafting in our machine shop were able to resume washing within a few days. The ironing was not so easily re-established, but in the course of three weeks temporary quarters were provided, new machines were purchased, and since then we have handled all of our work, although laboriously and with considerable delay. Until a new building can be erected, we shall be

Binghamton State Hospital—Annual Report

obliged to carry on the laundry work in three separate places; the washing being done in the machine shop; the ironing in the old laundry structure, and the sorting in the large bathroom in the basement of the north building. The need, therefore, of early action looking to the erection of a new laundry is manifest.

The following table will show the extent to which patients have found occupation during the year and gives the kinds of employment and the number engaged in each:

	Men.	Women.	Total
Dining-room	13,198	17,936	31,134
Fancy work		3,308	3,308
Farm	38,124		38,124
Garden		69	69
Grounds	4,209		4,209
Hall work	30,149	41,686	71,835
Kitchen	6,731	12,605	19,336
Laundry	5,042	8,857	13,899
Sewing		14,820	14,820
Shops	14,302		14,302
Tailor		97	97
Total	111,755	99,378	211,133

The per capita cost of maintenance for the twelve months, as will be seen by the report of the treasurer, is notably lower than last year, viz.: \$3.57, a reduction of six cents per week.

The following classification of expenditures shows the total cost of maintenance in the several departments of the hospital and also the weekly per capita cost:

	Total cost.	Weekly per capita.
Officers' salaries	\$16,486 25	\$0.239
Wages	101,527 43	1.474
Provisions and stores	66,439 73	.964
Ordinary repairs	5,081 42	.074
Farm and grounds	7,128 64	.103

Binghamton State Hospital—Annual Report

Furniture	\$2,489 40	\$0.036
Bedding	5,934 93	.086
Books and stationery	1,854 21	.027
Fuel	19,003 77	.276
Light	464 87	.007
Medical supplies	1,883 00	.027
Miscellaneous	5,140 21	.075
Transportation	2,223 92	.032
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Exclusive of clothing	\$235,657 78	\$3.420
Clothing	9,930 02	.144
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Total	\$245,587 80	\$3.564
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The average purchase price, per capita cost per annum, and quantity consumed of staple articles of food for the year ending September 30, 1897, is shown in the following table:

	Average purchase price.	Annual per capita cost.	Quantity consumed.
Fresh meats, per pound	\$0.058	\$13 59	310,731 lbs.
Poultry, per pound . . . . .	.122	69	7,412 lbs.
Wheat flour, per barrel	4.37	5 77	1,750 bbls.
Fresh fish, per pound . . . . .	.048	76	20,700 lbs.
Butter, per pound . . . . .	.17	9 18	71,434 lbs.
Cheese, per pound . . . . .	.098	47	6,340 lbs.
Milk, per quart . . . . .	.02	3 96	262,581 qts.
Eggs, per dozen . . . . .	.148	3 40	30,315 doz.
Tea, per pound . . . . .	.23	1 48	8,530 lbs.
Coffee, per pound . . . . .	.157	2 23	18,800 lbs.
Sugar, per pound . . . . .	.046	2 75	79,672 lbs.
Liquors, distilled, per gallon	2.358	14	81.74 gals.
Potatoes, per bushel . . . . .	.254	1 98	10,301 bus.
Crackers, per pound04	36	11,949 lbs.
Rice, per pound042	30	9,300 lbs.
Beans, per bushel	1.075	19	235 bus.
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Binghamton State Hospital—Annual Report

REPAIRS AND IMPROVEMENTS.

With each succeeding year the problem of determining what repairs, renewals and improvements shall be made in order to preserve the great institution under our care from decay is more and more perplexing. The buildings occupied by patients are more or less damaged from day to day, furniture is destroyed, paint and varnish lose their lustre, and the whole system of household, with its great heating, lighting, plumbing and water service equipment is subject to continual wear and tear that will eventually destroy the plant unless timely renewals are made.

The steadily increasing demand for accommodations is also a matter for earnest consideration at the present time, especially in view of our crowded condition, and so with the strongest possible object lesson before me daily, as I go through our wards, I am compelled to urge the erection of a

HOSPITAL BUILDING FOR ACUTE CASES.

I am convinced there is no more urgent need confronting us at any point than a new building, properly constructed, for the care and treatment of acute cases of insanity. The accommodations now available, especially for men belonging to this class, are so limited and so poorly adapted for the purpose they are called upon to serve, that it is impossible to accomplish the good work that ought to be done in such a large and important State institution. We are receiving annually from the district assigned to the hospital a large number of patients suffering from acute attacks of insanity who, under proper conditions, ought to get well and resume their places as producers among their fellows, but, unfortunately, some of these patients fail to recover simply because suitable care cannot now be provided for them.

The importance of this question of suitable hospital wards for recoverable cases cannot be overestimated, for, besides the incalculable boon that restored health is to the patient and his family, the loss to the State when such cases become incurable and a permanent tax upon its charity, is simply enormous. The average

Binghamton State Hospital—Annual Report

annual cost of maintenance of an insane person is, approximately, \$200, and the duration of life fifteen or twenty years. It will, therefore, be readily appreciated that the construction of a building where each individual patient suffering from an acute attack of insanity may be given the greatest possible chance of recovery would prove a paying investment.

Such a building should consist of small wards each for ten or twelve patients, and each patient should have a room to himself, well warmed, lighted and ventilated. The ward should be comfortably furnished and equipped with the best modern sanitary appliances, including facilities for medicated baths. The best trained nurses in the hospital service should be assigned to these wards and a diet of the most nutritious food provided. In a word, all the resources of the hospital should be taxed to the utmost to restore health to the curable patients, and I would urge that every possible effort be made to secure the accommodations I have but feebly outlined.

REPAIRS TO THE NORTH BUILDING OR INFIRMARY.

The condition of the easterly half of the north building is unsanitary to an extreme degree and needs remedying. We have quartered in wards 8, 9 and 10 of this building about 100 patients and 20 attendants, and notwithstanding our utmost efforts in the direction of cleanliness the atmosphere in these wards is at all times unwholesome. When this infirmary building was erected, many years ago, the construction was cheap, the materials used were of inferior quality, and no system of ventilation was provided other than the opening and closing of windows. The plumbing, at best unsatisfactory, is now a source of foul emanations that are a constant menace to the health of the inmates. All the wood-work, and especially the floors, has become permeated with offensive and dangerous matter, and I would therefore recommend that it be completely removed. In the bath-rooms and closet, tile floors and steel ceilings should be substituted. New floors of hard pine or maple should be laid throughout these wards, and the adjacent dining-rooms; and the windows should be enlarged

Binghamton State Hospital—Annual Report

by cutting 'down nearer the floor, to increase the admission of light. The roof over ward 9, which is unsafe and liable to fall, should be removed and a new one built to replace it, and a veranda should be erected around the south end of this ward.

A further 'desirable change in this building would be the removal of the employes who occupy the second story of the central portion of the building, to the number of about fifty, to a cottage building, or nurses' home, which should be erected especially for them. The space thus vacated, if rearranged, might be satisfactorily used for the accommodation of about sixty patients. This arrangement was suggested by Commissioner Parkhurst during a recent visit, and will, I think, readily commend itself to any one familiar with the situation.

As regards the necessity for better accommodations for employes, I would again emphasize our needs in this direction. The steadily growing need for larger accommodations for patients has compelled us to remove nurses and attendants from the wards to rooms in attics, where the heat in summer is intolerable, and the cold in winter almost unendurable. Others are located in basements, where the conditions are far from healthful, and in numerous instances rooms that should have at most not more than two occupants have four, and stack beds are used to economize space.

It needs no argument to establish that attendants upon the insane after the arduous duties of the day and close association with their charges need rest which can be had only in comfortable apartments removed from the scenes of their daily labor. A suitable building for at least a portion of these employes should be erected as soon as practicable and a second building should follow later.

SUN ROOM FOR HOSPITAL WARDS.

The crowded condition of wards 24 and 25, to the latter of which are admitted all of our acute female cases, would be greatly relieved by the erection, at the south end of the Ogden building, a sun room, twenty-four by fifty-five feet in size and two stories in

Binghamton State Hospital—Annual Report

height. This structure, consisting almost wholly of glass, with a warm southerly exposure, would increase the room available in the wards in a highly desirable manner, and would be especially available, owing to the fact that the wards with which it would be connected are used for special hospital purposes in the care of patients who are likely to recover. Plans for this construction have been prepared by the State architect and the estimate submitted by him shows that the improvement could be made at a cost of about \$6,000.

VENTILATION OF BUILDINGS.

Electric fans and proper air passages should be constructed in the east, south and west buildings for their better ventilation. These buildings are used to accommodate all the patients that they can properly hold, and, with better facilities for ventilation, would be, from all points of view, highly satisfactory structures. The exact cost of installing motor-driven fans for this service has not been ascertained, but we believe that all of the apparatus needed could be obtained, erected and completed for a sum not exceeding \$3,000.

STEEL CEILINGS.

In many of the older wards where ceilings of plaster exist much trouble has been experienced in consequence of this material becoming loosened and falling to the floor. These wards could be greatly improved by the erection of steel ceilings, which experience has demonstrated form the best construction known for ward use. Ceilings of this kind are especially needed in wards 28, 29, 30 and '31, and in the dormitory of the south building, and also at the Barlow and Phelps cottages. There is needed for this work the sum of \$2,000.

ADDITIONAL FURNITURE.

An urgent need at the present time is furniture to replace the losses of the past two or three years through breakage and the natural wear and tear of daily use. In many instances these renewals should provide a better quality of furniture than the old

Binghamton State Hospital—Annual Report

pieces which have been worn out. Experience teaches that nowhere is a good article more necessary than in a hospital for the insane. The furniture therefore provided for the use of this class of people should be of high grade and lasting quality. A minimum estimate of the amount needed for this purpose is \$3,000.

RENEWALS IN THE MAIN KITCHEN.

In my last report I called attention to the necessity of extensive repairs in the main kitchen and I cannot now do any better than to quote from that report the following:

“ Extensive repairs are needed in the main kitchen. The range is practically burned out from long use; two of the steam kettles are nearly worthless for the same reason, and the square steamers are all too small and but half jacketed. The urns now in use have served for a long time and are not of an approved pattern. Besides being unsatisfactory as regards the tea and coffee made in them they are costly to operate owing to the fact that they do not extract the full strength from the coffee and tea. The kitchen itself is long and narrow and consequently the kettles are inconveniently arranged. I would therefore recommend that the wall between the present kitchen and the old bakery and storeroom be removed so that the kitchen may be considerably enlarged. The floor of this additional space should be tiled and the ceiling made to match that of the old kitchen. There should be installed one duplex wrought steel plate French range twelve feet long by six feet wide finished on both ends and both faces. Each side or face of the range to have three fires and three ovens. The ovens should have sectional non-warping steel bottoms and fire boxes, anti-clinker dumping grates, and lined with the best quality of fire brick three inches thick. The range should also have a warming shelf twelve feet long with wrought trimmings to match those on the range and supported on heavy iron brackets, securely bolted to the top of the range.

There should be one wrought steel French broiler thirty inches wide, supported on a wrought steel base, and furnished complete

Binghamton State Hospital—Annual Report

burning either charcoal or hard coal as might be preferred. The with gridiron blower and firebrick linings, and constructed for range should have adjoining it a steel coal-box and over it a wrought steel ventilating hood.

There should be three 60 gallon seamless, double, full-jacketed cast iron, steam kettles; six 53 gallon seamless, double jacketed, cast-iron, steam vegetable kettles; two 10 gallon milk boilers; one set of 70 gallon urns, consisting of one 70 gallon coffee urn; one 70 gallon tea urn, and one hot water urn with a capacity sufficient to supply hot water to both side urns as fast as it could be used. There should be a cook's working table 13 feet long, 4 feet wide and 32 inches high with a heavy wrought iron portable bar with necessary hooks and hangers over it. Also one steam dish washing machine with one washing and one rinsing tank and fitted complete with the necessary steam engine or motor, steam cowls and baskets. The old kitchen equipment could be disposed of to the manufacturer who would install the new equipment at a fair valuation.

In this connection I would also recommend that a new dining room, pantry and lavatory for employes, and a new dining room for the patients of wards 24 and 25 be constructed in place of the rooms occupied by a large number of employes adjacent to the kitchen and that the present wooden floors of the corridors in connection therewith be replaced with tile. This new work could all be done for the sum of \$10,000.

MIXING MACHINERY FOR THE BAKERY.

Cleanliness in the matter of bread making is of the highest importance and any one who has observed the old fashioned way of kneading dough by hand cannot fail to appreciate the desirability of substituting machinery for this uncleanly and irregular method. Machinery is now used in all well appointed bakeries and the State can well afford to use the best outfit that can be procured for this purpose. I would therefore advise that the hospital be provided with dough mixers, flour sifters, and a small

Binghamton State Hospital—Annual Report

electric motor to furnish the necessary power. The sum needed for these pieces of apparatus is \$1,000.

APPARATUS FOR PASTEURIZING MILK.

I would again call your attention to the danger of infecting human beings with disease through germs contained in milk. That this danger is not merely theoretical but actually present in much of the milk ordinarily used has been fully established. The danger is especially great when milk is supplied by animals infected with tuberculosis from which there is scarcely a herd of cattle in the country entirely free. It is therefore highly important that every precaution be taken to destroy germs of all kinds in milk supplied to the sick. This may be practically done by two processes, one is called sterilizing which requires that the milk be boiled and very much altered in taste; the other and more desirable method is called Pasteurizing, in which the milk is heated to the temperature of 155 degrees Fahrenheit, held at that temperature for twenty minutes and then rapidly cooled to 50 degrees Fahrenheit when it is placed in a refrigerator to remain until delivered for consumption. This treatment does not materially affect the taste. The apparatus for Pasteurizing is comparatively inexpensive and the construction of a room suitable for Pasteurizing and caring for the supply of milk used in this hospital would not involve a large outlay. The machinery and room completely equipped could be supplied for the sum of \$2,000.

LAUNDRY.

The fire which occurred August 30, 1897, and resulted in the complete destruction of the hospital laundry necessitates a new structure at the earliest practicable moment. Plans for a suitable building are now under way in the office of the State Architect and it is expected that the erection of the building will be commenced before winter closes in.

Binghamton State Hospital—Annual Report

ICE MAKING APPARATUS.

In connection with the machinery for refrigerating the rooms in the cold storage house an ice making plant might be installed advantageously. The outfit needed in addition to the machinery we now have would be an insulated tank for cold-brine; cans for freezing distilled water; the distilling apparatus, and a crane for handling the cakes of ice when frozen. With this equipment the hospital would be independent of the weather and should not be running the risk arising from using ice that may be contaminated to such an extent as to cause epidemics amongst the patients or employes. The entire apparatus for artificial ice manufacture could be obtained for \$2,500.

ENLARGEMENT OF THE CARPENTER'S SHOP.

Some additional room is needed in the carpenter's shop. The building is now in the form of an L. At small expense walls might be built to complete the square which would give the additional space required. Some additional labor saving machinery should also be provided. The machines most urgently needed are the following:

Resawing machine	\$100 00
Thirty-six inch band saw.....	100 00
Tenon machine	150 00
Thirty-inch fan for removing shavings.....	50 00
Shafting and pulleys.....	150 00
Six-inch pipe cutting machine.....	650 00

The entire expense for building and machinery would not exceed \$2,000.

CEMENTING CELLAR BOTTOMS.

The cellar bottoms at the south and west buildings and at the three farm cottages have never been properly finished, owing to lack of funds for the purpose. The soft earth at some seasons of the year becomes damp, and in spite of all efforts to keep the cellars clean and in a sanitary condition, emanations rise from the

Binghamton State Hospital—Annual Report

soil which can not fail to be deleterious to the health of the patients in the apartments above. Concrete bottoms should be provided for these cellars. The cost would be approximately \$2,000.

RENEWAL OF PLUMBING.

The plumbing in the main building has been entirely renewed and is now highly satisfactory. This work should be continued until the entire system throughout the hospital has been reconstructed and put in sanitary condition. The piping and fixtures now in use have been condemned by a sanitary engineer who examined them by direction of the State Commission in Lunacy and funds should be available this year for the removal of at least a part of the system. I would recommend the expenditure of \$10,000 for this purpose.

RENEWAL OF SEWER.

For many years the sewage system has included three large open vats located a short distance east of the bakery building into which nearly all the sewage of the institution is delivered, and from which only the liquid portion passes away through the trunk sewer. The principal object served by these vats has been the collection of a certain amount of fertilizing material. The difficulty of handling this material and the offensiveness of the vats make it desirable to discontinue them and allow all sewage to pass off without delay or hindrance. To accomplish this end satisfactorily the eight-inch sewer which now leads from the vats to the manhole at the commencement of the fifteen-inch sewer near the nurses' cottage should be replaced by a sewer of larger size. This could be done by the hospital at an expense but little if any above the cost of materials. It is believed that \$1,500 would suffice for the work.

FARM FENCES.

The fences on the hospital farm are in a deplorable condition. They were built at a time when it was extremely difficult to obtain funds, and were consequently poorly constructed. In many places

Binghamton State Hospital—Annual Report

they have fallen down; in others, they are so insecure as to afford little or no protection to the fields which they enclose. The work of rebuilding these fences should be undertaken in the spring, and I would recommend that an appropriation for this purpose be sought in the sum of \$1,500.

TREE PLANTING.

I know of nothing in the way of small investment about the hospital premises calculated to produce greater results than tree planting. During past years a considerable number of young elms have been planted along the driveways, and these are now growing finely. The hospital grounds, however, are extensive, and additional trees, shrubs and plants should be set out. A fruit orchard might also be established on the farm, which in a few years would undoubtedly supply the institution with all the pears, apples, cherries and plums needed for its consumption. I would suggest that \$500 be used for this purpose.

RESERVE RESERVOIR AND PIPE CONNECTIONS.

We have now boilers and pumps at the heating and water service plant at the river sufficient for our needs, but the hospital labors under the disadvantage of insufficient piping and too small a reservoir. A larger pipe should be laid from the pumps to the buildings and to the reservoir on the hill, and this reservoir should either be enlarged and repaired or a new reservoir on higher ground should be constructed. The four-inch supply pipes to the hydrants should be replaced by six-inch pipes, in order that when fire occurs an adequate supply and pressure of water may be available. The exact cost of this improvement has not been determined, but I think much could be done for \$6,000.

FIRE ALARM SYSTEM.

I would again call attention to a well-equipped fire alarm service. We have now in the hospital a well-organized fire department but our alarm system is cheap and unsatisfactory. The advantage of a fire alarm system is to be found chiefly in the facili-

Binghamton State Hospital—Annual Report

ties it affords from the prompt assembling of the department at the scene of the fire, for unless this is done a conflagration will soon gain such headway as to soon be beyond control. Having carefully investigated the merits of several kinds of apparatus in the market I am satisfied that the Gamewell system would give the best satisfaction for our purposes. We should have about twenty stations from which the alarm could be sent in and about half as many gongs on which the signals should be sounded. Such apparatus as would completely meet our requirements could be installed for \$2,000.

FIRE ESCAPES.

Chapter 535 of the Laws of 1895 requires that all buildings more than two stories high, if used for hospital purposes, shall be provided with outside fire-escapes. It therefore becomes obligatory upon the State authorities to construct such fire-escapes in connection with both the north and south wings of the main hospital building. The cost will be for the two escapes, \$6,000.

Recapitulating the items recommended together with the estimated cost the list is as follows:

Hospital building for acute cases.....	\$30,000 00
Nurses home	25,000 00
Repairs to the North building.....	18,000 00
Sun rooms, hospital wards.....	6,000 00
Ventilation of buildings.....	3,000 00
Steel ceilings	2,000 00
Additional furniture	3,000 00
Reconstruction of main kitchen and employes dining-room	10,000 00
Mixing machinery for the bakery.....	1,200 00
Apparatus for Pasteurizing milk.....	2,000 00
Laundry building	25,000 00
Ice making apparatus.....	2,500 00
Addition to the carpenter's shop, and machinery....	2,000 00
Cementing cellar bottoms.....	1,000 00

Binghamton State Hospital—Annual Report

Renewal of plumbing.....	\$10,000 00
Farm fences	1,000 00
Tree planting	500 00
Reserve reservoir and pipe connections.....	6,000 00
Fire alarm system	2,000 00
Fire-escapes on main building.....	6,000 00
Removal of cesspool and renewal of sewer.....	1,500 00
General repairs	5,000 00
Total	<u>\$162,700 00</u>

ACKNOWLEDGMENTS.

To the city officials and members of the city fire department we return our thanks for the service voluntarily rendered at the time our laundry building was burned.

A debt of gratitude is due the following persons for their donations at Christmas and on the occasion of our Field Day: Armour & Co., Babcock Hardware Co., Bartlett & Co., Boss, Mott, Callahan & Douglas, Chronicle Co., Clarke Co., Mrs. John Davenport, Dunning Grocery Co., S. Mills Ely & Co., Evening Herald Printing Co., Ford, Beach & Powell, Robert Gibson, Edwin J. Gillies & Co., I. I. Goldsmith, W. P. Guilfoyle, Leroy Gunnison, William Hecox, Hirschmann Bros., Hollister & Sons, Jameson & Co., Leader Printing Co., Chas. E. Lee, Mrs. Leverett, Mique Lynch, C. D. Middlebrook & Son, A. S. Miner Co., Nelson Morris Co., Mrs. G. T. Rogers, Republican Printing Co., O. W. Sear, Sisson Bros. & Welden, W. S. Smith & Sons, Stephens & Co., Stickley & Brandt, George Thallheimer, Dr. Emily Wells, Mrs. J. S. Wells.

We are also indebted to the following persons who have from time to time kindly contributed periodicals, etc., to our reading-rooms and library: Alex. E. Andrews, Chas. W. Bacon, Binghamton Club, Boss, Stoppard & Hecox, Mrs. Chas. L. Brainard, Call Office, Alex. Cummings, Jerome DeWitt, Dobson Club, Dr. H. O. Ely, Dr. Farnham, Mr. Francis C. Curtis, Inez N. French, Miss Goodnough, W. A. Harding, Mrs. George M. Harris, Home for

Binghamton State Hospital—Annual Report

Aged Women, Mrs. Ed. F. Jones, Mrs. J. B. Landfield, Mrs. Horace Lester, Dr. D. L. McNamara, Dr. McVey, Dr. F. M. Michael, Mr. B. E. Nelson, Mr. W. G. Phelps, Mrs. H. G. Rodgers, Mrs. J. G. Scott, Mrs. O. W. Sears, Dr. Spencer, Mrs. E. H. Stowe, Mrs. Charles Wadsworth, Mrs. N. W. Waldran, Dr. Emily Wells.

NEWSPAPERS.

During the past year our reading-rooms have been fairly well supplied with newspapers, thanks to the kindness and generosity of the publishers. Our patients have thoroughly appreciated the favor shown them, and in their behalf we make grateful acknowledgment and ask for a continuance of donations of the following papers:

Albany Argus, daily.
Albany Press and Knickerbocker, daily.
Albany Times-Union, daily.
Bainbridge Express, weekly.
Bay Shore Journal, weekly.
Binghamton Democrat, weekly.
Brookfield Courier, weekly.
Canastota Journal, weekly.
Candor Gleaner, weekly.
Catholic Champion, monthly.
Catholic Sun, weekly.
Catskill Examiner, weekly.
Cayuga Chief, weekly.
Cazenovia Republican, weekly.
Christian Advocate, weekly.
Churchman, weekly.
Cobleskill Times, weekly.
Columbia Republican, weekly.
Corning Democrat, weekly.
Deaf-Mutes Journal, weekly.
Delaware Republican, weekly.
Deposit Journal, weekly.

Binghamton State Hospital—Annual Report

Elmira Telegram, weekly.
Essex County Republican, weekly.
Fishkill Standard, weekly.
Freeman's Journal, weekly.
Hebrew Globe, weekly.
Long Island Star, weekly.
Kingston Freeman, daily.
Mohawk Valley Register, weekly.
Newburgh Journal, weekly.
New York Clipper, weekly.
Nyack Evening Journal, daily.
Oneonta Herald, weekly.
Otsego Democrat, weekly.
Otsego Republican, weekly.
Port Henry Republican, weekly.
Rochester Volksblatt, weekly.
Rome Citizen, weekly.
Staats Zeitung, weekly.
Stamford Mirror, weekly.
Ticonderoga Sentinel, weekly.
Tioga County Herald, weekly.
Troy Northern Budget, weekly.
Walton Chronicle, weekly.
Watervliet Journal and Democrat, weekly.

ENTERTAINMENTS.

With the gradual increase in our numbers, the problem of providing suitable entertainment for the patients has increased, owing mainly to the small size of the chapel, our only hall. Every effort, however, has been made, particularly during the warmer months, to divert the minds of the patients. One of the most satisfactory forms of amusement has been the band which has developed to an unusual extent. Its membership has increased to twenty-five, and the quality of its work has been of the best. Concerts were given on the lawn every Friday evening from the latter part of

Binghamton State Hospital—Annual Report

May until July, when Tuesday evening of each week was added as a concert night for the remainder of the summer.

The baseball team flourished also and afforded the greatest pleasure to a large number of patients every pleasant Saturday afternoon. Trolley rides have been given at frequent intervals, one or more cars being chartered and taken about the city and suburbs.

The Christmas entertainment has come to be one of the most if not the most important feature of the year's amusement. The time is one of general festivity and officers and employes unite in an effort to make the holidays happy for all our patients. At Christmas, 1896, letters were sent to the correspondents of patients requesting some gift for the patient. These letters resulted in the receipt of a large number of articles of every description. On Christmas eve the chapel, which had been decorated with a profusion of evergreens, was filled to overflowing. A small stage had been erected at one end of the room, on each side of it stood a tall Christmas tree loaded with presents and brightly illuminated. The hospital opera company rendered the comic opera, entitled "He Stoops to Win," as a preliminary, after which the presents were distributed.

Twice during the year Mr. Ransom, the sleight-of-hand performer, has furnished an evening's amusement, and at other times Sunetaro, A. G. Ansbach, W. Roslyn, and Adrian Plate have given similar evenings. Dr. Richard R. Daly, of Binghamton, lectured on American life, illustrated by the stereopticon, which was used on a number of other occasions. One of the best entertainments of the year was a concert given by the Bistolphi Musical Trio of New York.

Through the kindness of the management we were enabled to send nearly one hundred patients to Buffalo Bill's Wild West show, Barnum's circus, Forepaugh & Sells Bros.' circus, and to the county fair. On a number of other occasions we have purchased tickets to the number of fifty or more at the Stone Opera House.

Binghamton State Hospital—Annual Report

The annual field day on September 19, 1897, was more of a success, if possible, than ever before. The athletic contests were arranged more particularly for patients who entered into the spirit of the occasion with great gusto. Prizes kindly furnished by the merchants of Binghamton and elsewhere were awarded to the winners of all events.

Space forbids us to enumerate all of the year's pleasures, but among them were concerts by our own and outside talent; an evening with the graphophone; readings by Mr. McCollin, Miss Bernice Costello, and Mr. W. A. Coles; a dramatic performance by the Thalia Club, Jr. of Binghamton, and a vaudeville by the Regan combination.

We are looking forward to the opening of our new assembly hall, which is almost completed, with much pleasurable anticipation. We hope this winter to make use of the increased facilities afforded by it, giving more and better entertainment than ever before.

Religious services have been held regularly once on each Sabbath day in the chapel and once a month in addition at one of the farm cottages. These services have been largely attended, but many of the aged and infirm patients have found it difficult, if not impossible, to climb the long stairways to the chapel. To these especially the new assembly hall will be a boon.

The State Commissioners in Lunacy have visited the hospital on several occasions during the year and have manifested an active interest in the betterment of our accommodations, especially in the North building; the main kitchen; in the system of plumbing for the entire institution, and have expressed their willingness to co-operate with the local management in making improvements to the fullest extent possible with the funds available for the purpose.

The medical staff remains practically the same as at the close of the preceding year. Dr. H. Wardner Eggleston, who had served the hospital as medical interne for more than a year, has been promoted to a place on the regular medical staff.

Binghamton State Hospital—Annual Report

The matron, Mrs. L. S. Smith, after serving the hospital for a period of sixteen years resigned September 30, 1897, and was succeeded by Mrs. Lura Sinclair. Mrs. Sinclair brings to her work an experience of eight years in the hospital, during which she has acquired a familiarity with the details of the service which cannot fail to bear good fruit in the future.

In concluding this record of another year's labor I would express my thanks to the medical officers associated with me in the arduous duties of caring for the large number of insane persons committed to our keeping. They have performed their duties, at no time light, and often exacting in the extreme, in a highly satisfactory manner. To the steward, the treasurer and the clerical force in the office and to the nurses, the farmer, and all other employes who have rendered faithful service, I am under lasting obligations. To your board I would express my gratitude for the confidence you have exhibited for the support and encouragement you have given me.

Respectfully submitted,

CHARLES G. WAGNER,

Superintendent.

October 1, 1897.

REPORT OF THE MATRON

Aprons, barbers'.....	10
Aprons, gingham.....	48
Aprons, ticking.....	208
Aprons, white.....	1,655
Awnings.....	17
Bandages, unbleached muslin.....	3,283
Bed bats, bleached.....	19
Bedspreads, hemmed.....	38
Bibs, barbers'.....	6
Bibs, ticking.....	29
Blankets, hemmed.....	280

Binghamton State Hospital—Annual Report

Blankets, strong ticking.....	9
Bolsters, bleached.....	6
Broom-bags, cotton flannel.....	70
Canvas, strong laundry bags.....	18
Caps, nurses.....	1,269
Carpet, bound, large.....	1
Chemise, bleached.....	26
Chemise, unbleached.....	884
Clothes-bags, ticking.....	39
Coat, ladies', repaired.....	1
Combination suits, strong, cotton flannel.....	30
Combination suits, strong, ticking, double.....	11
Combination suits, unbleached.....	5
Couch covers.....	15
Curtains, bleached.....	29
Curtains, cambric.....	2
Curtains, denim.....	1
Curtains, gingham.....	4
Curtains, lace.....	8
Curtains, Swiss.....	10
Curtain straps.....	6
Cushions, pillow, cretonne.....	14
Drawers, bleached.....	30
Drawers, cotton flannel.....	16
Drawers, unbleached.....	743
Dresser covers.....	20
Dresses, calico.....	8
Dresses, cashmere.....	8
Dresses, cheviot.....	95
Dresses, gingham.....	1,039
Dresses, made over.....	8
Dresses, outing.....	2
Mattresses, double ticking.....	7
Mattresses, single ticking.....	220
Napkins, table.....	192

Binghamton State Hospital—Annual Report

Nightcaps	13
Night dresses, bleached	26
Night dresses, unbleached	135
Pillow cases	3,380
Pillow shams	116
Pillow ticks, ticking	135
Shades, hemmed	287
Sheets, bleached, double	318
Sheets, bleached, single	304
Sheets, unbleached, single	2,966
Shirts, cheviot	665
Shirts, unbleached (hospital)	183
Skirts, bleached	2
Skirts, cotton flannel	30
Skirts, flannel	2
Skirts, gingham	10
Skirts, ticking (sateen)	412
Skirts, ticking strong	4
Skirts and waists, strong ticking	5
Splashers, cheese-cloth	3
Stockings, cotton flannel	38
Strong canvas sheets	4
Strong canvas sheets repaired	8
Strong dresses	84
Strong dresses, double	10
Strong dresses repaired	104
Strong ticking skirts	4
Suspenders, ticking	356
Tablecloths, red	46
Tablecloths, white	408
Teabags, cheesecloth	68
Ticking blankets, strong, repaired	6
Towels, roller	582
Towels, short	5,236
Underwaists, bleached	7

Binghamton State Hospital—Annual Report

Underwaists, cotton flannel.....	2
Underwaists, unbleached.....	15
Waists, gingham.....	12
Waists, sateen.....	1
Wrappers, cotton flannel.....	168

REPORT OF THE STEWARD

FARM AND GARDEN.

Apples, 779 bushels, at 50 cents.....	\$389 50
Beans, 279 bushels, at \$1.....	279 00
Beef, 9,643 pounds, at 5.75 cents.....	554 47
Beets, 6,106 bushels, at 20 cents.....	1,221 20
Blackberries, 793 quarts, at 8 cents.....	57 76
Buckwheat, 14 bushels, at 45 cents.....	6 30
Cabbage, 19,531 heads, at 2 cents.....	390 62
Calves, 16, at \$1.....	16 00
Carrots, 649 bushels, at 30 cents.....	194 70
Cauliflower, 183 heads, at 5 cents.....	9 15
Celery, 5,588 heads, at 1 cent.....	55 88
Corn, 26,485 ears, at $\frac{1}{2}$ cent.....	132 42
Cress, 14 bunches, at 5 cents.....	70
Cucumbers, 6,985, at 1 cent.....	69 35
Eggs, 1,221 dozen, at 14.8 cents.....	180 71
Ensilage, 755 tons, at \$3.50.....	2,642 50
Ham, 4,064 pounds, at 10 cents.....	406 40
Hay, 150 tons, at \$7.....	1,050 00
Lamb, 1,339 pounds, at 10 cents.....	133 90
Lard, 8,538 pounds, at 5 cents.....	426 90
Leeks, 2,563, at 2 cents.....	51 26
Lettuce, 12,742, at 2 cents.....	254 84
Milk, 220,303 quarts, at 2 cents.....	4,406 06
Muskmelons, 153, at 5 cents.....	7 65
Mutton, 690 pounds, at 7 cents.....	48 30

Binghamton State Hospital—Annual Report

Oats, 1,946 bushels, at 25 cents.....	\$486 50
Onions, 17,488 bunches, at 10 cents.....	1,748 80
Onions, 295 bushels, at 50 cents.....	147 50
Parsley, 2,465 bunches, at 2 cents.....	49 30
Parsnips, 263 bushels, at 30 cents.....	78 90
Pears, 26 bushels, at 50 cents.....	13 00
Peas, 335 bushels, at \$1.....	335 00
Pickles, 70 barrels, at \$5.....	350 00
Pigs, 67.....	165 00
Plums, 7 bushels, at \$1.....	7 00
Pork, 31,690 pounds, at 6 cents.....	1,901 40
Potatoes, 3,842 bushels, at 30 cents.....	1,152 60
Pumpkins, 1,710 pounds, at $\frac{1}{2}$ cent.....	8 55
Rutabagas, 1,550 bushels, at 20 cents.....	310 00
Radishes, 18,267 bunches, at 5 cents.....	913 35
Rhubarb, 5,586, at 5 cents.....	279 30
Rye, 910 bushels, at 50 cents.....	455 00
Sage, 342 bunches, at 5 cents.....	17 10
Sausage, 5,068 pounds, at 9 cents.....	456 12
Savory, 315 bunches, at 5 cents.....	15 75
Shoulders, 2,837 pounds, at 7 cents.....	198 59
Spinach, 9 bushels, at \$1.....	9 00
Squash, 10,920 pounds, at 1 cent.....	109 20
Straw, 80 tons, at \$5.....	400 00
Strawberries, 793 quarts, at 8 cents.....	63 44
Tomatoes, 421 bushels, at 50 cents.....	210 50
Turnips, 983 bushels, at 20 cents.....	196 60
Veal, 76 pounds, at 8 cents.....	6 08
	<hr/>
	\$23,069 15
	<hr/>

FARM STOCK ON HAND SEPTEMBER 30, 1897.

Bulls.....	3
Calves.....	32
Chickens.....	450
Cows.....	85

Binghamton State Hospital—Annual Report

Heifers	8
Hogs and shoats	123
Horses	31
Lambs	27
Mules	1
Pigs	66
Sheep	49

TAILOR'S REPORT

Baseball bases	3
Caps, winter	131
Drawers	2
Jackets, pea	89
Overcoats	1
Suits, painters'	16
Suits, strong	170
Suits, ward	385
Trousers, duck	4
Trousers, uniform	1
Trousers, ward	558
Vests	72

UPHOLSTERER'S REPORT

Baskets, clothes	10
Bed casters, put on	262
Beds, folding, repaired	1
Beds, sofa, repaired	1
Beds, spring, repaired	2
Bedsteads, repaired	22
Beds, stubs put on	107
Brooms	1,247
Brooms, extra heavy	214

Binghamton State Hospital—Annual Report

Brooms, whisk	112
Brushes, bath	67
Brushes, cattle	21
Brushes, ceiling, tampico.....	21
Brushes, clothes, tampico.....	135
Brushes, counter, tampico.....	91
Brushes, counter, repaired.....	2
Brushes, crumb	37
Brushes, floor	223
Brushes, floor, handles put on.....	5
Brushes, floor, repaired:.....	3
Brushes, for laundry machine.....	4
Brushes, hair	158
Brushes, hat	9
Brushes, horse	10
Brushes, pastry	20
Brushes, scrubbing	486
Brushes, shoe	49
Brushes, shoe, daubers.....	13
Brushes, tailor	2
Brushes, whitewash	4
Buggy, repaired	1
Buttons, upholstered	13
Chairs, barber, repaired.....	1
Chairs, caned	195
Chairs, casters put on.....	4
Chairs, cushions	2
Chairs, leather seats put in.....	29
Chairs, painted	8
Chairs, repaired	114
Chairs, upholstered	17
Chairs, varnished	34
Couches, casters put on.....	4
Couches, felt pads put on.....	20
Couches, repaired	11
Couches, upholstered	10

Binghamton State Hospital—Annual Report

Couches, varnished	7
Divan, frame made	1
Divan, upholstered	1
Dusters, painters'	4
Footrests, repaired	3
Footstools, upholstered	6
Hampers, repaired	6
Hassocks	28
Hassocks, pressed	1
Machine, sewing, repaired	1
Mallet, repaired	1
Mats, door, common	40
Mats, door, repaired	1
Mats, extra large	4
Mats, fancy	23
Mattresses, hair, double	2
Mattresses, hair, single	171
Mattresses, hair, double, repaired	11
Mattresses, hair, single, repaired	155
Mattresses, spring, repaired	4
Mattresses, tufts made	17,488
Mattresses, wire, double, stretched	8
Mattresses, wire, single, stretched	41
Organs, repaired	3
Organ stool, upholstered	1
Pillows, feather	123
Pillows, feather, repaired	5
Pillows, hair, repaired	259
Plane, repaired	1
Rug, carriage	1
Rug, fur, repaired	1
Saw, handle made	1
Settees, repaired	3
Tables, repaired	3
Tables, varnished	1
Tete-a-tete, upholstered	1

SHOEMAKER'S REPORT

Bags, clothes, new.....	14
Bag, tool	1
Boots, men's (pairs).....	163
Boots and shoes, repaired (pairs).....	959
Case, cymbal	1
Harness, new (pieces).....	151
Harness, repaired (pieces).....	242
Horse collars, new.....	2
Horse covers, new.....	2
Horse reins, new.....	2
Mittens (pairs).....	249
Shoes, men's (pairs).....	573
Shoes, women's (pairs).....	423
Slippers, men's (pairs).....	409

Binghamton State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30, 1897.

	Men.	Women.	Total.
Remaining October 1, 1896	599	698	1,297
Admitted during year ending September 30, 1897	134	107	241
On original commitments:			
From residences	112	90	202
By transfers from county houses	6	8	14
By transfers from other institutions for insane	16	9	25
Total number under treatment during year.	733	805	1,538
Daily average population	612	713	1,325
Capacity of institution	605	697	1,302
Discharged during the year:			
As recovered	39	28	67
As improved	20	9	29
As unimproved	12	8	20
As not insane			
Died	53	33	86
Whole number discharged during the year .	124	78	202
Remaining October 1, 1897	609	727	1,336

Binghamton State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening	Oct. 19, 1881
Total acreage of grounds and buildings.....	1,060
Value of real estate, including buildings.....	\$855,000 00
Value of personal property	160,000 00
Acreage under cultivation	760

Receipts during year:

From State Treasurer for maintenance on estimates 1 to 12 inclusive.....	233,302 18
From private patients.....	3,419 53
From reimbursing patients	5,988 90
From all other sources	3,437 14

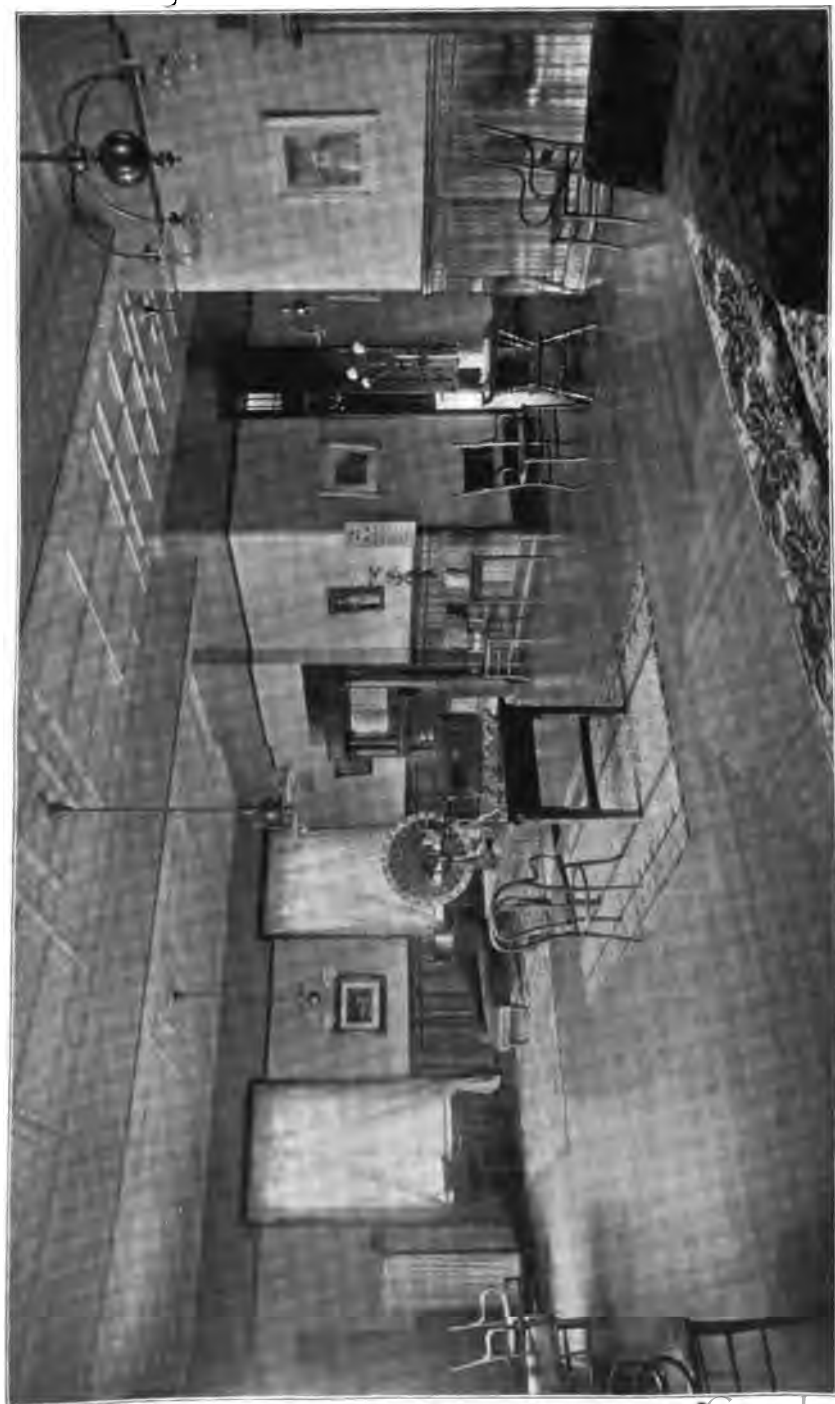
Total receipts for maintenance	<u>\$246,147 75</u>
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Total receipts from State Commission in Lunacy for extraordinary improvements	<u>\$70,944 24</u>
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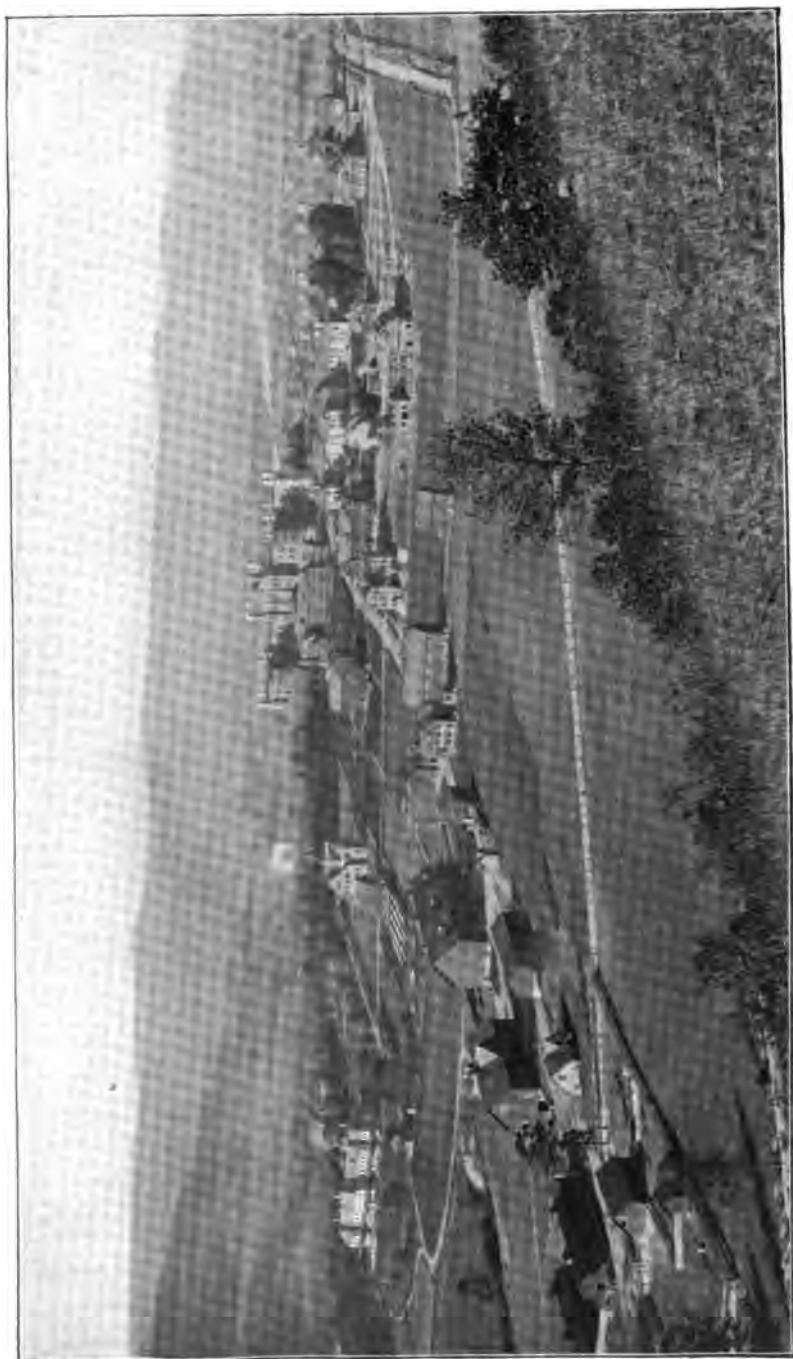
Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$16,486 25
Estimate No. 2. For wages.....	101,527 43
Estimate No. 3. For provisions and stores.....	66,439 73
Estimate No. 4. For ordinary repairs.....	5,081 42
Estimate No. 5. For farm and grounds	7,128 64
Estimate No. 6. For clothing	9,930 02
Estimate No. 7. For furniture and bedding	8,424 33
Estimate No. 8. For books and stationery.....	1,854 21
Estimate No. 9. For fuel and light.....	19,468 64
Estimate No. 10. For medical supplies	1,883 00
Estimate No. 11. For miscellaneous expenses.....	5,140 21
Estimate No. 12. For transportation.....	2,223 92

Total disbursements, estimates 1 to 12 inclusive	<u>\$245,587 80</u>
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BINGHAMTON STATE HOSPITAL.—DAY ROOM FOR MEN—WARD 2.



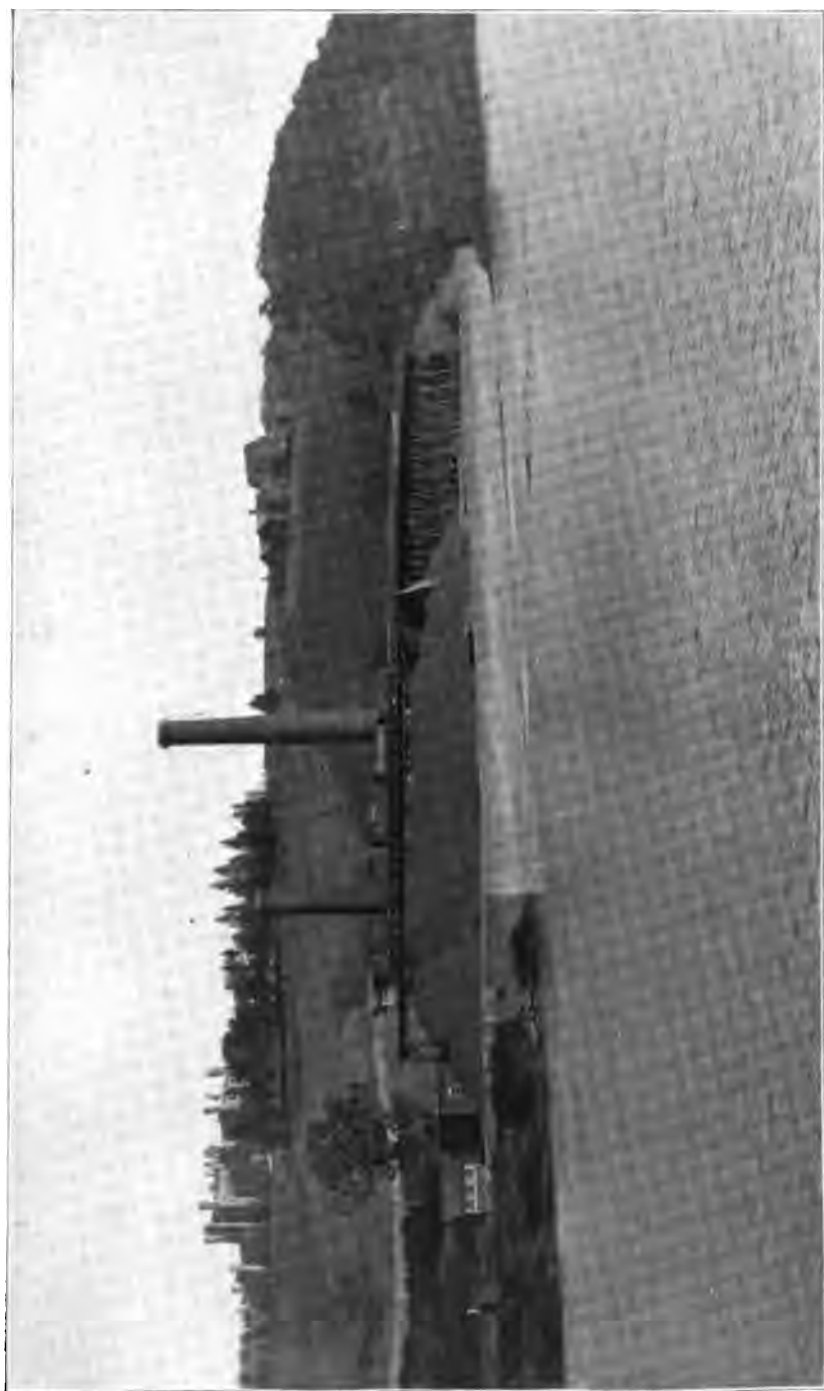
LITCHFIELD STATE HOSPITAL.—BUILDINGS AND GROUNDS—REAR VIEW.



BINGHAMTON STATE HOSPITAL.—NORTH WING ENTRANCE MAIN BUILDING—GROUP OF ATTENDANTS.



BINGHAMTON STATE HOSPITAL.—FIELD DAY—THE SHOE HUNT.



BINGHAMTON STATE HOSPITAL.—THE COAL TRESTLE AT THE HEATING PLANT.



BINGHAMTON STATE HOSPITAL.—THE DRIVE.

Binghamton State Hospital—Annual Report

Table No. 2—(Concluded).

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$70,914 24
--	-------------

Balances October 1, 1897:

General maintenance fund	\$559 95
Apportionments by State Commission in Lunacy for extraordinary improvements.....	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive.....	3.564

Maximum rate of wages paid attendants:

Men	\$45 00
Women	40 00

Minimum rate of wages paid attendants:

Men	20 00
Women	14 00

Proportion of day attendants to average daily population.....	1 to 7.5
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Proportion of night attendants to average daily population.....	1 to 55.2
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Percentage of daily patient population engaged in some kind of useful occupation.....	43.6
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Estimated value of farm and garden products during year	\$23,069 15
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Estimated value of articles made or manufactured by patients during year.....	20,116 49
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Binghamton State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	9	3	12	3	1	4	1
Mental strain, worry and overwork (not included in above) .	8	12	15	....	3	3	....
Religious excitement .	4	2	6	....	1	1	....
Love affairs (including seduction) . . . .	...	1	1	....	....	....	....
Physical:							
Intemperance	19	....	19	3	....	3	2
Venereal diseases . . .	4	....	4	1	....	1	....
Masturbation	4	2	6	1	....	1	1
Sunstroke	3	....	3	....	....	....	....
Accident or injury . .	3	2	5	1	....	1	....
Parturition and puerperium . . . . .	....	3	3	....	....	....	....
Change of life . . . .	....	6	6	....	1	1	....
Fevers	2	....	2	....	....	....	....
Privation and overwork	6	2	8	1	....	1	5
Epilepsy	18	9	27	6	1	7	1
Diseases of skull and brain	1	3	4	....	1	1	....
Old age	4	1	5	....	....	....	1
Epidemic influenza . .	1	1	2	....	....	....	....
All other bodily disorders and ill health . . . .	....	12	12	....	1	1	1
Heredity	9	9	18	9	7	16	....
Congenital defect . . . .	....	4	4	....	....	....	1
Unascertained	44	35	79	3	5	8	8
Total	134	107	241	28	21	49	21

Binghamton State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered	Died.	Admitted.	Recovered.	Died.
Mania, acute.....	31	18	1	191	92	23
Mania, recurrent.....	6	3	1	72	33	9
Mania, chronic.....	27	8	9	391	65	115
Melancholia, acute.....	39	22	4	190	93	19
Melancholia, simple.....	1	1	.....	1	1	.....
Melancholia, chronic.....	41	12	6	308	41	79
Alternating (circular) insanity.....	1	.....	1	5	.....	1
Paranoia.....	1	.....	.....	1	.....	.....
General paralysis.....	11	.....	15	66	.....	69
Dementia, primary.....	10	2	.....	54	11	9
Dementia, terminal.....	47	.....	46	594	.....	307
Epilepsy with insanity.....	.....	.....	.....	.....	.....	.....
Imbecility with maniacal at- tacks.....	24	1	3	146	1	73
Idiocy.....	1	.....	.....	15	.....	1
Not insane*.....	1	.....	.....	9	.....	1
Total.....	241	67	86	2,048	337	706

* Includes cases of alcoholism, drug habit, etc.

Binghamton State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	7	3	10	15	19	34	22	22	44
	.....	.....	.....	2	1	3	2	1	3
	1	.....	1	1	.....	1	2	.....	2
Mania in acute forms	14	2	16	17	9	26	31	11	42
	.....	.....	.....	5	.....	5	6	.....	6
	1	.....	1	.....	.....	.....	.....	.....	.....
All other curable forms	2	.....	2	4	7	11	6	7	13
	.....	2	2	1	4	5	1	6	7
	.....	1	1	.....	1	1	.....	2	2

CURABLE CONDITIONS.

{ First admission.....
 { Second admission..
 { Third admission ..
 { First admission..
 { Second admission..
 { Third admission ..
 { First admission..
 { Second admission..
 { Third admission ..

Binghamton State Hospital—Annual Report

Table No. 5—(Continued).

CURABLE CONDITIONS.		LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED.												AVERAGE LENGTH OF IMMUNITY.					
		UNDER 3 MONTHS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		MEN.		WOMEN.	
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	First ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mania in acute forms.	First ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other cur- able forms.	First ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third ad- mission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	
	
	

Binghamton State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	10	7	17	2	4	...	...	3	2	5	1	4	5	3	9	12
First admission ..	1	1	1	3	...	...	...	...	...	...	...	...	...	1	1	2
Second admission...	1	1	1	8	...	...	...	...	...	...	1	...	1	...	...	...
Third admission...	14	2	16	5	3	...	...	1	1	2	4	3	7	10	5	15
Mania in acute forms.	3	...	3	6	...	...	...	...	...	...	...	...	...	1	...	1
First admission...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Second admission...	2	1	3	8	...	...	...	...	...	...	2	4	6	2	2	4
Third admission...	...	2	2	...	1	...	...	...	...	...	...	2	2	1	2	3
All other curable forms.	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
First admission...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Second admission...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Third admission ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Binghamton State Hospital—Annual Report

TABLE No. 6.

Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1881.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1881.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	16	4	20	.....	1	1	67	38	105	3	1	4
One to three months.....	7	9	16	17	6	23	35	34	69	64	29	93
Three to six months.....	7	7	14	8	10	18	27	24	51	74	69	133
Six to nine months.....	3	2	5	3	.....	3	18	10	28	37	27	64
Nine months to one year....	1	.....	1	2	2	4	13	8	21	31	20	51
One year to eighteen months.	.....	3	3	4	4	8	9	11	20	14	23	37
Eighteen months to two years.	.....	.....	.....	.....	3	3	5	4	9	6	7	13
Two to three years.....	.....	.....	.....	2	1	3	17	9	26	12	12	24
Three to four years.....	1	1	2	1	.....	1	7	5	12	4	2	6
Four to five years.....	1	.....	1	1	.....	1	7	4	11	3	3	5
Five to ten years.....	1	.....	1	1	1	2	10	6	16	3	5	8
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	1	3	4	1	1	2
Unascertained.....	2	2	4	.....	.....	.....	56	32	68	.....	.....	.....
Total.....	39	28	67	39	28	67	252	188	440	252	188	440

Binghamton State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1881.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess of brain				1		1
Abscess of liver				1		1
Accident (railroad)				1		1
Aneurism		2	2		2	2
Angina pectoris					1	1
Appendicitis				1		1
Arteritis	1		1	1		1
Asphyxia				3	2	5
Asthma				1	4	5
Bronchitis, capillary				2	3	5
Bronchitis, chronic	2	2	4	4	2	6
Carcinoma		1	1	6	14	20
Cardiac dilatation				1	3	4
Cellulitis, pelvic					1	1
Cerebral effusion				11	7	18
Cirrhosis of liver	1		1	7	1	8
Cystitis	1		1	6	2	8
Diabetes				1		1
Embolism, cerebral				1		1
Emphysema				1	1	2
Endocarditis, chronic	2		2	12	7	19
Enteritis				49	36	85
Epilepsy	3		3	49	24	73
Erysipelas		1	1	8	4	12
Exhaustion from :						
Anaemia					1	1
Chr. intestinal catarrh		1	1		2	2
Fracture of hip					1	1
Mental disease	2	2	4	97	115	212
Ovarian cyst		1	1		2	2
Gangrene :						
Senile	1		1	3		3
Pulmonary				2		2
Gastric ulcer		1	1		1	1
Gastritis		2	2	1	7	8
Gastro-enteritis				4	3	7
Hemorrhage :						
Cerebral	1	3	4	14	20	34
Gastric				1	1	2
Pulmonary	1		1	2	1	3

Binghamton State Hospital—Annual Report

Table No. 7 —(Concluded).

CAUSE OF DEATH	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1891.		
	Men.	Women.	Total.	Men.	Women.	Total.
Intemperance.....	1	....	1	1	....	1
Insolation.....	....	....	....	1	....	1
Intestinal obstruction.....	....	....	....	2	....	2
Intestinal stricture.....	....	....	....	1	2	3
La grippe.....	1	....	1	1	2	3
Laryngitis, acute.....	....	....	....	1	....	1
Leukaemia.....	....	....	....	1	....	1
Meningitis:						
Cerebral.....	1	2	3	4	2	6
Cerebro-spinal.....	1	....	1	1	1	2
Nephritis.....	2	1	3	16	16	32
Organic brain disease.....	....	....	....	4	5	9
Organic heart disease.....	3	1	4	19	24	43
Paresis.....	13	3	16	104	9	113
Peritonitis.....	....	....	....	4	6	10
Pleurisy.....	....	....	....	1	2	3
Pneumonia.....	....	2	2	55	42	97
Pulmonary oedema.....	....	2	2	5	10	15
Pyæmia.....	....	....	....	1	1	2
Rheumatism.....	....	....	....	2	1	3
Sarcoma of breast.....	....	1	1	....	1	1
Senility.....	9	1	10	10	5	15
Small-pox.....	....	....	....	1	....	1
Suicide.....	....	....	....	2	6	8
Syphilis.....	1	....	1	1	....	1
Traumatic shock.....	....	....	....	1	....	1
Typhoid fever.....	....	....	....	3	....	3
Tuberculosis:						
General.....	....	....	....	4	6	10
Intestinal.....	....	....	....	....	2	2
Osseous.....	....	....	....	1	....	1
Pulmonary.....	6	4	10	76	88	164
Total.....	53	33	86	614	499	1113

Binghamton State Hospital—Annual Report

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During the Current Year and Since October 1, 1881.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	19	19	38	159	120	279
Maternal branch.....	18	16	34	160	193	353
Paternal and maternal branches.....	2	2	4	28	32	60
Collateral branches.....	6	.....	6	133	131	264
No hereditary tendency..	74	68	142	537	535	1,072
Unascertained.....	15	2	17	1,015	837	1,852
Total.....	134	107	241	2,032	1,848	3,880

Binghamton State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1881.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single.....	52	34	86	843	694	1,537
Married	66	46	112	933	763	1,696
Widowed	12	26	38	143	322	465
Divorced	1	1	2	3	4	7
Unascertained	3	.....	3	110	65	175
Total	134	107	241	2,032	1,848	3,880

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	1	.....	1	22	7	29
Academic	8	5	13	51	46	97
Common school	97	73	170	679	638	1,317
Read and write .....	.....	.....	.....	21	32	53
Read only	3	8	11	26	43	69
No education	6	1	7	78	56	134
Unascertained	19	20	39	184	165	349
Total	134	107	241	1,061	987	2,048

Binghamton State Hospital—Annual Report

TABLE No. 11.
 ing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
 During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	6	2	8	6	2	8	22	14	36	31	21	52
One to three months .....	...	3	3	4	2	6	24	20	44	27	19	46
Three to six months	5	2	7	8	4	12	15	18	33	38	13	51
Six to nine months	4	1	5	4	4	8	14	6	20	24	16	40
Nine months to one year .....	...	2	2	4	1	5	7	9	16	16	17	33
One year to eighteen months ..	12	4	16	7	...	7	25	23	48	37	28	65
Eighteen months to two years ..	1	...	1	...	...	...	7	3	10	20	11	31
Two to three years	3	3	6	5	3	8	43	36	79	48	34	82
Three to four years	3	3	6	2	1	3	29	17	46	30	24	54
Four to six years	4	1	5	7	7	14	23	22	45	25	61	86
Six to ten years	2	2	4	2	4	6	28	34	62	48	74	117
Ten to twenty years	4	3	7	4	5	9	24	25	49	25	24	49
Twenty years and over	1	2	3	...	...	...	21	31	52	...	...	...
Not insane* .....	...	...	...	...	...	...	...	...	...	...	...	...
Unascertained	8	5	13	...	...	...	82	84	166	...	...	...
Total	53	33	86	53	33	86	364	342	706	364	342	706
Average duration of insane life (give years and tenths)	7.1	11.4	...	...	...	...	...	...	...	8.6	10.9	...

* Includes cases of alcoholism, drug habit, etc.

Binghamton State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1881.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years.....				1		1
From 10 to 15 years.....	1	2	3	5	7	12
From 15 to 20 years.....	3	5	8	59	33	92
From 20 to 25 years.....	7	9	16	147	119	266
From 25 to 30 years.....	13	12	25	229	163	392
From 30 to 35 years.....	12	4	16	254	179	433
From 35 to 40 years.....	22	6	28	236	192	428
From 40 to 50 years.....	26	29	55	416	446	862
From 50 to 60 years.....	17	18	35	300	306	606
From 60 to 70 years.....	21	10	31	196	209	405
From 70 to 80 years.....	10	10	20	122	129	251
From 80 to 90 years.....	2	2	4	30	21	51
From 90 to 100 years.....				1	3	4
Unascertained.....				36	51	87
Total	134	107	241	2,032	1,848	3,880

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1881.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years.....		2	2	6	11	17
From 20 to 30 years.....	8	9	17	71	52	123
From 30 to 40 years.....	10	3	13	60	37	97
From 40 to 50 years.....	13	8	21	59	49	108
From 50 to 60 years.....	4	2	6	32	23	55
From 60 to 70 years.....	3	2	5	16	9	25
From 70 to 80 years.....	1	2	3	7	4	11
Unascertained				1	3	4
Total	39	28	67	252	188	440

Binghamton State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1881.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years				1		1
From 15 to 20 years				6	2	8
From 20 to 25 years				23	15	38
From 25 to 30 years	3		3	36	20	56
From 30 to 35 years	1		1	42	23	65
From 35 to 40 years	7	3	10	58	40	98
From 40 to 50 years	9	4	13	118	102	220
From 50 to 60 years	12	10	22	113	92	205
From 60 to 70 years	11	10	21	101	87	188
From 70 to 80 years	6	6	12	83	90	173
From 80 to 90 years	3		3	25	18	46
From 90 to 100 years					3	3
Unascertained	1		1	5	7	12
Total	53	33	86	614	499	1,113

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	26	20	46
One to three months	14	20	34
Three to six months	14	14	28
Six to nine months	8	11	19
Nine months to one year	3	2	5
One year to eighteen months	16	2	18
Eighteen months to two years	4		4
Two to three years	7	6	13
Three to four years	10	10	20
Four to five years	3	2	5
Five to ten years	9	5	14
Ten to fifteen years	1	2	3
Fifteen to twenty years	3	2	5
Twenty to thirty years	2	2	4
Thirty years and upwards	2	1	3
Not insane*			
Unascertained	12	8	20
Total	134	107	241

* Includes cases of alcoholism, morphia habit, etc.

Binghamton State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	9	7	16
One to three months.....	21	25	46
Three to six months.....	20	17	37
Six to nine months.....	13	18	31
Nine months to one year.....	20	16	36
One year to eighteen months.....	114	123	237
Eighteen months to two years.....	18	16	34
Two to three years.....	35	44	79
Three to four years.....	32	36	68
Four to five years.....	23	17	40
Five to ten years.....	150	221	371
Ten to fifteen years.....	131	140	271
Fifteen to twenty years.....	23	47	70
Not insane*.....	.....	.....	.....
Total	609	727	1,336

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year and Since October 1, 1881.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	4	.....	4	62	3	65
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.....	14	.....	14	133	.....	133

* Includes cases of alcoholism, morphia habit, etc.

Binghamton State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pas- toral:						
Farmers, gardeners, herds- men, etc.	42	.....	42	496	.....	496
Mechanics, at out- door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	14	.....	14	210	.....	210
Mechanics, etc., at se- dentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	9	.....	9	240	19	259
Domestic service:						
Waiters, cooks, servants, etc. ....	.....	20	20	31	505	536
Educational and high- er domestic duties:						
Governesses, teachers, stu- dents, housekeepers, nurses, etc.	1	69	70	23	816	839
Commercial:						
Shopkeepers, saleswomen, stenographers, typewrit- ers, etc. ....	.....	.....	.....	.....	7	7
Employed in seden- tary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc. ....	.....	4	4	.....	108	108
Miners, seamen, etc.	1	.....	1	1	.....	1
Laborers	35	.....	35	565	.....	565
No occupation	11	13	24	237	353	590
Unascertained	3	1	4	34	37	71
Total	134	107	241	2,032	1,848	3,880

Binghamton State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1881.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1881.		
	Men.	Women.	Total.	Men.	Women.	Total.
Austria	1	.....	1	2	1	3
Bohemia	1	.....	1	1	1	2
Canada	1	1	2	23	16	39
China .....	.....	.....	.....	1	.....	1
Cuba .....	.....	.....	.....	1	.....	1
East Indies .....	.....	.....	.....	1	.....	1
Ecuador .....	.....	.....	.....	1	.....	1
England	2	2	4	45	32	77
France .....	.....	.....	.....	4	8	12
Germany	3	.....	3	124	101	225
Holland .....	.....	.....	.....	4	.....	4
Hungary .....	.....	1	1	2	4	6
India .....	.....	.....	.....	.....	1	1
Ireland	10	4	14	332	386	718
Italy .....	.....	.....	.....	6	3	9
Poland	1	1	2	3	3	6
Portugal .....	.....	.....	.....	1	.....	1
Prussia .....	.....	.....	.....	1	.....	1
Russia .....	.....	1	1	2	7	9
Scotland .....	.....	1	1	12	10	22
Spain .....	.....	.....	.....	1	.....	1
Sweden .....	.....	.....	.....	7	3	10
Switzerland .....	.....	1	1	2	7	9
United States	108	95	203	1,384	1,166	2,550
Wales .....	.....	.....	.....	2	2	4
West Indies	1	.....	1	1	.....	1
Unascertained	6	.....	6	69	97	166
Total	134	107	241	2,032	1,848	3,880

Of the total number admitted since the 1st of October, 1888, the parents of 28.4 per cent. were both of foreign birth.

In 2.3 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In one per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Binghamton State Hospital—Annual Report

TABLE No. 19.

Showing the residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private	Total.
Albany	1	.....	1
Allegany .....	.....	.....	.....
Broome	45	.....	45
Cattaraugus .....	.....	.....	.....
Cayuga .....	.....	.....	.....
Chautauqua .....	.....	.....	.....
Chemung	34	.....	34
Chenango	30	2	32
Clinton .....	.....	.....	.....
Columbia	2	.....	2
Cortland	12	.....	12
Delaware	20	.....	20
Dutchess	2	.....	2
Erie .....	.....	.....	.....
Essex .....	.....	.....	.....
Franklin .....	.....	.....	.....
Fulton .....	.....	.....	.....
Genesee .....	.....	.....	.....
Greene .....	.....	.....	.....
Hamilton .....	.....	.....	.....
Herkimer .....	.....	.....	.....
Jefferson .....	.....	.....	.....
Kings .....	.....	.....	.....
Lewis .....	.....	.....	.....
Livingston .....	.....	.....	.....
Madison	25	.....	25
Monroe	1	.....	1
Montgomery .....	.....	.....	.....
New York .....	.....	.....	.....
Niagara .....	.....	.....	.....
Oswego .....	.....	.....	.....
Onondaga .....	.....	.....	.....
Ontario .....	.....	.....	.....
Orange .....	.....	.....	.....
Orleans .....	.....	.....	.....
Oswego .....	.....	.....	.....
Otsego	23	.....	23
Putnam .....	.....	.....	.....
Queens	2	.....	2
Rensselaer	3	.....	3
Richmond	2	.....	2
Rockland .....	.....	.....	.....
Lawrence .....	.....	.....	.....

Binghamton State Hospital—Annual Report

Table No. 19 —(Concluded).

COUNTIES.	Public.	Private.	Total.
Saratoga			
Schenectady			
Schoharie	7		7
Schuyler			
Seneca			
Steuben	1		1
Suffolk	3		3
Sullivan			
Tioga	24		24
Tompkins			
Ulster			
Warren	1		1
Washington			
Wayne			
Westchester	1		1
Wyoming			
Yates			
Soldiers' Home			
Total	239	2	241

Binghamton State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients Remaining Under Treatment, September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	31	21	52	.....	.....	.....
Allegany	1	.....	1	.....	.....	.....
Broome	80	90	170	1	1	2
Cattaraugus .....	.....	.....	.....	.....	.....	.....
Cayuga .....	.....	1	1	.....	.....	.....
Chautauqua .....	.....	.....	.....	.....	.....	.....
Chemung	33	26	59	.....	1	1
Chenango	43	55	98	3	1	4
Clinton .....	.....	.....	.....	.....	.....	.....
Columbia	1	8	9	.....	.....	.....
Cortland	26	32	58	.....	1	1
Delaware	37	47	84	1	.....	1
Dutchess	3	12	15	.....	.....	.....
Erie .....	.....	.....	.....	.....	.....	.....
Essex .....	.....	.....	.....	.....	.....	.....
Franklin .....	.....	.....	.....	.....	.....	.....
Fulton	7	6	13	.....	.....	.....
Genesee .....	.....	.....	.....	.....	.....	.....
Greene	9	21	30	.....	.....	.....
Hamilton .....	.....	.....	.....	.....	.....	.....
Herkimer	1	1	2	.....	.....	.....
Jefferson .....	.....	.....	.....	.....	.....	.....
Kings	88	2	90	1	1	2
Lewis .....	.....	.....	.....	.....	.....	.....
Livingston ..	.....	.....	.....	.....	.....	.....
Madison	24	21	45	.....	.....	.....
Monroe .....	.....	1	1	.....	.....	.....
Montgomery ..	9	5	14	.....	.....	.....
New York .....	.....	97	97	.....	2	2
Niagara .....	.....	.....	.....	.....	.....	.....
Oneida .....	.....	.....	.....	.....	.....	.....
Onondaga	13	.....	13	.....	.....	.....
Ontario .....	.....	.....	.....	.....	.....	.....
Orange	8	13	21	.....	.....	.....
Orleans .....	.....	.....	.....	.....	.....	.....
Oswego .....	.....	.....	.....	.....	.....	.....
Otsego	30	53	83	.....	.....	.....
Putnam .....	.....	1	1	.....	.....	.....
Queens	3	.....	3	.....	.....	.....
Rensselaer	28	32	60	.....	.....	.....

Binghamton State Hospital—Annual Report

Table No. 20—(Concluded).

Showing the Residence by Counties and Classification of Patients Remaining Under Treatment, September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Richmond.....	1	3	4	.....	.....	.....
Rockland.....	4	5	9	.....	.....	.....
St. Lawrence.....	.....	.....	.....	.....	.....	.....
Saratoga.....	14	17	31	.....	.....	.....
Schenectady.....	1	.....	1	.....	.....	.....
Schoharie.....	17	35	52	.....	.....	.....
Schuyler.....	.....	1	1	.....	.....	.....
Seneca.....	.....	.....	.....	.....	.....	.....
Steuben.....	11	18	29	.....	.....	.....
Suffolk.....	8	10	18	.....	.....	.....
Sullivan.....	3	2	5	.....	.....	.....
Tioga.....	31	33	64	.....	2	2
Tompkins.....	.....	.....	.....	.....	.....	.....
Ulster.....	12	8	20	.....	.....	.....
Warren.....	7	3	10	.....	.....	.....
Washington.....	2	5	7	.....	.....	.....
Wayne.....	.....	.....	.....	.....	.....	.....
Westchester.....	10	31	41	.....	.....	.....
Wyoming.....	.....	.....	.....	.....	.....	.....
Yates.....	.....	.....	.....	.....	.....	.....
State patients.....	6	2	8	.....	.....	.....
N. Y. S. S. & S. H.....	1	.....	1	.....	.....	.....
Unascertained.....	.....	.....	.....	.....	.....	.....
Total.....	603	718	1,321	6	9	15

Binghamton State Hospital—Annual Report

TABLE No. 21.

Showing the Movement of Population Since the Opening of the Hospital, October 19, 1881.

Total number of admissions.....	3,880
Total number discharged as recovered	440
Total number discharged as improved	404
Total number discharged as unimproved	580
Total number discharged as not insane	7
Total number died	1,113
<hr/>	
Total number of discharges.....	2,544
<hr/>	
Remaining October 1, 1897	1,336
<hr/>	

TABLE No. 22.

Showing Suicidal and Homicidal Attempts and Tendencies in Cases Admitted During the Year Ending September 30, 1897.

	Men.	Women.	Total.
Attempted suicide.....	8	8	16
Meditated suicide.....			
Threatened suicide.....	6	9	15
Attempted homicide.....	11	3	14
Meditated homicide.....			
Threatened homicide.....	19	16	35
Threatened suicide and homicide.....	17	6	23
Attempted suicide and threatened homicide....	1	2	3
Attempted homicide and threatened suicide....		1	1
Attempted suicide and homicide.....	5	5	10
Total.....	67	50	117

Binghamton State Hospital—Annual Report

TABLE No. 23.

This Table is Submitted for the Purpose of Showing How Large a Proportion of the Cases Admitted During the Past Eight Years Were Virtually Chronic Cases When Admitted.

YEAR.	Whole number admitted.	Found not insane.	Number insane one year and over.	Percentage insane one year and over.
1890.....	104	.....	73	70.19
1891.....	282	.....	181	64.18
1892.....	207	1	129	62.31
1893.....	235	.....	134	57.02
1894.....	192	2	84	43.75
1895.....	218	.....	82	37.61
1896.....	405	2	285	70.37
1897.....	241	.....	89	36.92
Total.....	1,884	5	1,057	56.10

Binghamton State Hospital—Annual Report

TABLE No. 24.

Showing the Percentage of Recoveries on the Average Population and on the Number Admitted Annually since 1881.

YEAR.	ON AVERAGE POPULATION.			ON ADMISSIONS.		
	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
1882.....	156	4	2.56	298	4	1.34
1883.....	341	11	3.22	211	11	5.23
1884.....	502	15	2.98	243	15	6.17
1885.....	674	18	2.67	283	18	6.38
1886.....	852	17	1.99	319	17	5.32
1887.....	994	10	1.50	272	10	3.67
1888.....	1,053	28	2.65	206	28	13.59
1889.....	1,100	19	1.72	164	19	11.58
1890.....	1,096	17	1.55	104	17	16.34
1891.....	1,136	34	2.99	282	34	12.05
1892.....	1,143	26	2.27	207	26	12.62
1893.....	1,258	32	2.54	235	32	13.61
1894.....	1,244	27	2.17	192	27	14.06
1895.....	1,222	61	4.99	218	61	27.98
1896.....	1,249	54	4.32	405	54	13.33
1897.....	1,325	67	5.05	241	67	27.80

Binghamton State Hospital—Annual Report

TABLE No. 25.
Showing the Percentage of Deaths on the Whole Number Treated, and on the Average Population for Sixteen Years.

YEAR.	Deaths.	Whole number treated.	Percentage.	Average population.	Percentage.
1882.....	14	298	4.69	156	8.96
1883.....	40	486	8.23	341	11.73
1884.....	47	668	7.03	502	9.36
1885.....	58	863	6.72	674	8.60
1886.....	80	1,086	7.36	852	9.38
1887.....	87	1,208	7.20	994	8.75
1888.....	81	1,245	6.50	1,053	7.69
1889.....	69	1,241	5.56	1,100	6.27
1890.....	55	1,212	4.53	1,096	5.01
1891.....	77	1,389	5.54	1,136	6.77
1892.....	87	1,364	6.37	1,143	7.61
1893.....	80	1,431	5.59	1,258	6.35
1894.....	84	1,463	5.74	1,244	6.75
1895.....	82	1,437	5.70	1,232	6.71
1896.....	86	1,631	5.27	1,249	6.88
1897.....	86	1,538	5.59	1,325	6.49

Binghamton State Hospital—Annual Report

TABLE No. 26.
Showing the Number of Cases of General Paresis Admitted Since 1881.

YEARS.	ADMITTED.			DIED.		
	Men.	Women.	Total.	Men.	Women.	Total.
1882.....	3	.....	3	.....	.....	.....
1883.....	6	.....	6	4	.....	4
1884.....	13	.....	13	4	.....	4
1885.....	25	.....	25	10	.....	10
1886.....	23	.....	23	9	.....	9
1887.....	19	1	20	12	1	13
1888.....	10	1	11	14	.....	14
1889.....	10	4	14	7	.....	7
1890.....	4	.....	4	3	.....	3
1891.....	7	2	9	4	1	5
1892.....	5	.....	5	7	1	8
1893.....	2	.....	2	4	2	6
1894.....	2	.....	2	4	.....	4
1895.....	1	2	3	3	.....	3
1896.....	13	3	16	8	2	10
1897.....	10	.....	10	12	3	15
Total.....	153	13	166	105	11	116

Binghamton State Hospital—Annual Report

TABLE No. 27.
General Table Showing the Operations of the Binghamton State Hospital for the Sixteen Years Ending September 30, 1897.

YEARS.	Number admitted.	Number discharged.	Number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged not insane.	Died.
1882	298	9	298	4	3	2	.....	14
1883	211	21	486	11	4	5	.....	40
1884	243	41	668	15	16	10	.....	47
1885	283	38	863	18	14	5	.....	58
1886	319	70	1,086	17	43	10	.....	80
1887	272	82	1,208	10	47	25	.....	87
1888	206	87	1,245	28	36	23	.....	81
1889	164	64	1,241	19	5	40	.....	69
1890	104	50	1,212	17	2	31	.....	55
1891	282	155	1,339	34	22	99	.....	77
1892	207	81	1,364	26	28	26	1	87
1893	235	80	1,431	32	36	12	.....	80
1894	192	160	1,463	27	46	85	2	84
1895	218	211	1,437	61	42	26	.....	83
1896	405	334	1,631	54	31	161	2	86
1897	241	202	1,538	67	29	20	.....	86

ELEVENTH ANNUAL REPORT

OF THE

Managers of the St. Lawrence
State Hospital

CHAPTER 37

Eleventh Annual Report of the Managers of the Saint Lawrence State Hospital

STATE OF NEW YORK.

OFFICE OF THE MANAGERS, ST. LAWRENCE STATE HOSPITAL, }
OGDENSBURG, N. Y., *November 24, 1897.* }

To the State Commission in Lunacy:

Gentlemen.—I have the honor to transmit herewith the eleventh annual report of the managers of the St. Lawrence State Hospital for the year ending September 30, 1897.

Very respectfully,

W. L. PROCTOR.

BOARD OF MANAGERS

WILLIAM L. PROCTOR.....	Ogdensburg.
GEORGE HALL	Ogdensburg.
WILLIAM H. DANIELS.....	Ogdensburg.
JOHN HANNAN	Ogdensburg.
Mrs. MARY P. AVERELL.....	Ogdensburg.
Mrs. HARRIET RUSSELL.....	Canton.
FREDERICK R. HAZARD.....	Syracuse.

OFFICERS OF THE BOARD OF MANAGERS.

Hon. WILLIAM L. PROCTOR, Ogdensburg.....	President.
Hon. WILLIAM H. DANIELS, Ogdensburg.....	Vice-President.
Dr. WILLIAM MABON, St. Lawrence State Hospital.	Secretary.
Mr. JAMES M. WELLS, Ogdensburg.....	Treasurer.

EXECUTIVE COMMITTEE.

Hon. WILLIAM L. PROCTOR,	Hon. WILLIAM H. DANIELS,
Hon. GEORGE HALL,	Hon. JOHN HANNAN,
Mrs. MARY P. AVERELL.	

ARCHITECT AND BUILDING SUPERINTENDENT.

ISAAC G. PERRY.....	Albany, N. Y.
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RESIDENT OFFICERS

MEDICAL SUPERINTENDENT.

WILLIAM MABON, M. D.

ASSISTANT PHYSICIANS.

RICHARD H. HUTCHINGS.....First Assistant Physician.

WARREN L. BABCOCK.....Second Assistant Physician.

ELBERT M. SOMERS, Jr.....Assistant Physician.

WALTER H. KIDDER.....Assistant Physician.

SIDNEY D. WILGUS.....Junior Physician.

W. GRANT COOPER.....Junior Physician.

CAROLINE S. PEASE.....Woman Assistant Physician.

STEWARD.

WILLIAM C. HALL.

MATRON.

KATE A. SHERRY.

ASSISTANTS—MEDICAL INTERNES.

WALTER J. HOWELLS, EDWARD G. STOUT.

REPORT OF THE MANAGERS

To the State Commission in Lunacy:

In accordance with chapter 545 of the Laws of 1896, the managers of the St. Lawrence State Hospital have the honor to submit herewith their eleventh annual report for the year ending September 30, 1897, together with the reports of the superintendent, treasurer and steward for the same period of time.

There were in the hospital on October 1, 1896, 1,268 patients, of whom 633 were men and 635 women.

There were admitted during the year 188 men and 110 women, a total of 298 patients.

The number under treatment was 1,566, or 821 men and 745 women.

The daily average population was 679.98 men and 651.92 women, or 1,331.9 in all.

During the year there were discharged 115 men and 80 women, a total of 195.

There remained October 1, 1897, 1,371 patients, of whom 706 were men and 665 women.

The general health of our population has been good, with the exception that typhoid fever prevailed for a time during the early spring months. The number of cases who suffered from this disease, however, was not as large as in former years. Our death rate is unusually low, being only 6 per cent. We regret to report that one patient committed suicide, the circumstances of which will be found in the Superintendent's report.

From the report of the treasurer, you will learn that the total receipts of the hospital for maintenance during the year were \$285,564.60. The sum disbursed during the same period was \$283,090.64, and the balance on hand October 1, 1897, was \$2,473.96.

The weekly per capita cost of maintenance is slightly lower than last year, and we hope to reduce it still further during the coming twelve months.

St. Lawrence State Hospital—Annual Report

Considerable progress has taken place in construction, and the following work has been accomplished:

The finishing and furnishing of the recreation building, including the scenery, seats, lighting and plumbing; the completion of the garden cottage, by which our accommodations were increased by 44; the finishing and equipment of the workshops, together with the addition to the boiler-house, by means of which space was afforded for four additional 150-horse-power boilers; the covering of steam pipes with asbestos covering in the basements of the employees' building and the garden cottage; the completion of the new cow stables, together with the installation of a rendering tank and dryer for disposing of diseased cattle; the installation of modern wood and iron working machines, by which we are enabled to accomplish certain work which formerly had to be done in the city; and the purchase and installation of three No. 4 Worthington feed pumps.

Considerable progress has also been made in grading about the central group of buildings, in front and east of the boiler-house and in front of group 3.

Inasmuch as the two artificial lakes have proven so satisfactory, we have commenced work upon two additional lakes to be located between central hospital east and the infirmary. These, when finished, will be additional sources of pleasures to our patients and will add much to the appearance of the grounds.

The pathological laboratory has been removed from the administration building to the mortuary, and rooms therein have been fitted up for original research. Work along modern lines is followed, and we look forward to valuable results from the investigations now being made.

The old pathological laboratory is at present utilized for work in bacteriology and physiological chemistry. Here, a number of the staff are daily investigating, in connection with the pathological institute, the relationship existing between auto-intoxication and epilepsy, studying carefully the toxic principles contained in the various secretions of the body and determining to

St. Lawrence State Hospital—Annual Report

what extent the poisons are provocative of convulsions. Furthermore, the blood of all patients admitted is here studied, and the different fluids of the body are carefully examined.

Work, which was commenced upon the milk-house late in the year is about finished, and this building, when completed, is to cost \$2,945. We will have to equip it with the necessary apparatus for Pasteurizing the milk. Two boilers of 40-horse-power each are to be installed.

An apportionment having been made for a farm cottage, and the contract for the same let, work was commenced on it in August. The situation of this building is such that patients who are to reside therein will be near their daily work in the cow barns and on the farm. We anticipate that the same ease of administration as obtains at the garden cottage will prevail here, and that but one or two attendants will be necessary for looking after the occupants. This cottage provides accommodation for fifty-two patients and quarters for the farmer and his wife and the necessary domestic help, together with rooms for the attendants. After the contract had been let, the plans were modified so as to utilize part of the attic for farm laborers and firemen, thus affording this class of workmen suitable accommodations. The contract price, including the additions to the attic, for the erection of this building was \$18,250.

The hospital is, however, to do the electric wiring, plumbing and steam-heating. By this means it is possible to occupy the building already furnished for less than \$550 per patient.

Upon the recommendation of the Superintendent and the report of the electrician for State hospitals, we advertised for bids for changes in our electric light station, and that of the lowest bidder, The Walker Company of Cleveland, Ohio, was accepted.

The new engines and generators are to be directly connected and will be more economical than the belted ones, by reason of the saving in the transmission of power.

The Fitzgibbons Boiler Company are now ready to place four of their 150-horse-power boilers in the addition to the boiler-house that was finished early in the year.

St. Lawrence State Hospital—Annual Report

By these changes and additions, our electric and boiler plant will be able to provide not only for our present needs, but also for any future growth.

The Board sincerely trusts that the requirements of the hospital for the coming year will be appreciated by the Commission, and that sufficient apportionments will be made to go on with the work. Thus far, the entire hospital plant has been erected in accordance with the original plans, and each year impresses us more and more with the belief that this institution, both in construction and arrangement, is better adapted for the care and scientific treatment of the insane than any other.

The most pressing need of the hospital is the erection of the infirmary wings. When these are completed, the efficiency of this group of buildings will be very much increased while the cost of maintenance will be lessened, inasmuch as the same executive force will be able to administrate for the increased number of patients and the only additional help that will be required will be that of attendants. Furthermore, it will permit us to have a better classification of our patients than now exists and will also afford quarters for many of the demented and infirm class, who are untidy and in need of special care and nursing.

If the Commission will refer to the original plans of the hospital, they will recall that a central hospital group of buildings, an infirmary group and a group for men, and one for women were contemplated. Of this work, all with the exception of the group for men have been erected. It is certainly desirable to complete this additional group whenever money can be spared. Having as we have, 1,000 acres of land and a modern hospital plant, we feel that the institution can readily accommodate more patients than we now have.

We would briefly enumerate our needs for the coming year, the necessity for which has been explained in the report of the superintendent:

Infirmary wing, to accommodate 150 patients.....	\$82,500 00
Changes to rear of infirmary, by which we can provide for 20 additional patients.....	3,800 00

St. Lawrence State Hospital—Annual Report

Additions to laundry, together with sterilizing apparatus	\$5,500 00
Completion of green house.....	5,860 00
Bath house and bath rooms.....	9,500 00
Recreation pavilion	2,160 00
Improvements to oval for field sports.....	175 00
Additions to ice house.....	1,200 00
Chicken house	750 00
Propogating house and root cellar.....	2,150 00
Iron planer and shaper.....	415 00
Roads	10,368 00
Trees and shrubs.....	675 00
Cementing basements	840 00
Storage sheds and crematory.....	2,000 00

In addition, we will have to cover many of our steam mains and pipes as well as three boilers, which are now without covering, but an estimate for this work has not as yet been prepared.

We will also need a sufficient sum to purchase the following laundry machinery. An extractor, two metallic washing machines and one mangle. We do not know at present just what this apparatus will cost but we trust that when an estimate is made, that you will look upon it favorably.

Our farm and garden continues to be productive and the value of the products for this year, we estimate at \$26,957.98. Many improvements have been made in the land but there are still parts of the farm that need fertilizing and draining to bring it to a high state of efficiency.

Three small fires have taken place during the past twelve months, but the loss in each instance has been trifling. It speaks volumes for the value of our fire department to know that when the fire occurred last fall in the laundry, the damage was not greater than it was, and that the fire was confined to the dry-room. Our situation is such, that we have to depend almost

St. Lawrence State Hospital—Annual Report

entirely upon our own force for protection and they have always responded promptly to any call made upon them.

The frequent drills by the chief has done much to increase the usefulness of the department and we feel that under ordinary conditions that the property of the State can be as fully protected by it as it could be by a paid department.

We regret to report that owing to tuberculosis, we had to kill our herd of cattle and that upon the Commission will devolve the obligation of providing the means for the purchase of a new herd.

The equipment and operation of our new milk house will in the future protect us from all danger from the milk of such diseased cattle and we will always be enabled to furnish this food in an absolutely pure state, inasmuch as Pasteurization completely destroys all germs of tuberculosis.

In accordance with legislative enactment, the State Commission in Lunacy have appointed the Hon. George R. Malby to act as counsel for our board, and he has, during the time he has occupied this position, rendered us most acceptable advice in legal matters. All contracts before being accepted are passed upon by him thus guaranteeing to the State, the fullest protection.

We desire to commend the medical staff for the interest manifested by them in the scientific treatment of the patients and to record our belief that the medical work at the St. Lawrence State Hospital is on the highest plane.

Respectfully submitted,

W. L. PROCTOR.

W. H. DANIELS.

JOHN HANNAN.

GEORGE HALL.

MARY P. AVERELL.

HARRIET L. RUSSELL.

F. R. HAZARD.

TREASURER'S REPORT

To the Board of Managers:

I herewith respectfully submit the treasurer's report for the year ending September 30, 1897.

MAINTENANCE FUND.

Balance on hand September 30, 1896.....	\$4,079 83
Received from the Comptroller on approved estimates of State Commission in Lunacy from September 30, 1896, to September 30, 1897.....	268,507 60
Received from the Comptroller old balance from chapter 768, Laws 1894.....	210 54
Received for interest on deposits.....	333 95
Received from steward for sales, rents, etc.....	2,275 61
Received from Charles Bartholomew over payment June pay-roll, item 315.....	3 00
Received of C. A. Beebe overpayment July pay-roll.	1 00
Received of W. Stevenson overpayment voucher 2202, item 136	1 00
Received of W. Stevenson overpayment voucher 355, item 22.....	1 00
Received of O. C. Platt overpayment on voucher 1705, item 14	1 00
Received from reimbursing patients.....	7,494 52
Received from private patients.....	2,655 55
Total	<hr/> \$285,564 60

DISBURSEMENTS.

Paid vouchers as per statements sent Comptroller...	283,090 64
Balance on hand September 30, 1897.....	<hr/> \$2,473 96 <hr/>

St. Lawrence State Hospital—Annual Report

SPECIAL APPROPRIATION BUILDING FUND.

Balance December 1, 1896, in hands of		
Comptroller	\$1,321	94
Balance December 1, 1896, in hands of		
treasurer	385	63
		<hr/>
		\$1,707 57
Audited and paid claims from December		
1, 1896, to September 30, 1897.....	\$573	75
Paid the Comptroller by his deduction		
from requisition No. 200, old balance in		
my hands belonging to this fund.....	21	88
		<hr/>
		595 63
		<hr/>
Balance in the hands of Comptroller.....	\$1,111	94
		<hr/>

The above balance is from funds appropriated by the Legislature under chapters 358 and 768, Laws 1894, and cannot now be used by reason of the fact that under the law the time for expending it has lapsed.

RECEIPTS AND DISBURSEMENTS UNDER CHAPTERS 358
AND 768, LAWS OF 1894.

Balance in the hands of Treasurer December 1, 1896...	\$385	63
Received from the Comptroller to cover requisition No.		
197	210	00
		<hr/>
		\$595 63
		<hr/>
Paid vouchers from December 1, 1896, up to September		
30, 1897	\$573	75
Paid the Comptroller, by his deduction from requisition		
No. 200, old balance in my hands belonging to		
this fund	21	88
		<hr/>
		\$595 63
		<hr/>

St. Lawrence State Hospital—Annual Report

SPECIAL BUILDING AND EQUIPMENT FUND, CHAPTER
460, LAWS 1897.

Received from Comptroller on estimates approved by State Commission in Lunacy from December 1, 1896, to September 30, 1897, inclusive.....	\$4,650 93
Paid vouchers from December 1, 1896, to September 30, 1897, as per statements sent Comptroller.....	4,650 93

SPECIAL BUILDING AND EQUIPMENT FUND, CHAPTER
693, LAWS 1895.

December 1, 1896, balance in the hands of treasurer.	\$18 23
February 11, 1897, turned into this account old bal- ance in my hands from chapter 358, Laws 1894, by direction of Comptroller.....	21 83
Received from the Comptroller on estimates ap- proved by the State Commission in Lunacy from December 1, 1896, to September 30, 1897.....	75,777 36
Received for interest on deposits from December 1, 1896, to September 30, 1897.....	29 80
	<hr/>
	\$75,847 27
Paid vouchers from December 1, 1896, to September 30, 1897, as per statements sent Comptroller.....	75,829 10
	<hr/>
Balance, September 30, 1897, in the hands of treasurer	\$18 17

JAMES M. WELLS,
Treasurer.

St. Lawrence State Hospital—Annual Report

REPORT OF THE MEDICAL SUPERINTENDENT

To the Board of Managers:

Gentlemen.—In accordance with the provisions of the law, I respectfully beg leave to submit for your consideration the following report of the operations of the hospital for the year ending September 30, 1897:

POPULATION.

On October 1, 1896, there remained in the hospital 633 men and 635 women, a total of 1,268 patients. During the year there were admitted 298 patients, of whom 188 were men and 110 women.

The discharges during the year included 115 men and 80 women, or 195 in all. Of those discharged, 34 men and 26 women, a total of 60, had recovered; 19 men and 18 women, or 37 in all, had improved; 11 men and 4 women, a total of 15, had not improved; 1 man and 1 woman were not insane within the meaning of the statute; and 50 men and 31 women, or 81 in all, died.

The resident population on October 1, 1897, was 1,371, of whom 706 were men and 665 were women.

The capacity of the hospital was increased during the year to 1,336, and we can now certify that we have accommodations for 698 men and 638 women. The appended statistical tables show an increase for the year of 73 men and 31 women, a total of 104.

The largest number present on any one day was 1,377, and the smallest 1,267. The daily average population was 1,331.9, representing 679.98 men and 651.92 women.

Of the admissions, 3 were brought from county houses upon original commitments, and 254 from their homes. There were received by transfer from other institutions 41 patients. Three of the patients admitted were private and 295 public.

Of the 298 patients admitted, no one was under 15 years of age, while 8.7 per cent. of the entire number were over 70 years old, and of these latter 8 were more than 80 years old. There were 58 patients admitted who were between 50 and 60 years old, and this period of life represents the largest number of admissions.

St. Lawrence State Hospital—Annual Report

The next largest number had 52 admissions and includes that period between 40 and 50 years of age; while the smallest number admitted were between 80 and 90, and the next smallest between 15 and 20 years of age.

The percentage of recoveries based upon the daily average population was 4.5 per cent.; if calculated upon the admissions, the percentage would rise to 20; if computed upon the basis of those admitted on original commitments, and omitting transfers from other institutions, we would find a percentage of 23.34. If we eliminate those admissions in whom insanity had existed for more than a year, we find that the recovery rate is 40 per cent. If we consider those in whom insanity had only existed for six months, we find that the recovery rate is increased to 51 per cent.; and if we compute the percentage of recoveries on those in whom insanity had existed three months or less, we find that the rate is 73 per cent.

It is well each year to reiterate and emphasize the importance of the early treatment of the insane and the statistics of this and other hospitals prove that if cases of acute mental disease were committed early, that the institutions for the treatment of the insane would be very much less crowded than they are at present.

Hereditary tendency to insanity existed in 43 per cent. of the admissions, while in 37.5 per cent. no inheritance was said to exist, and in 19.5 per cent. it was impossible to ascertain any facts concerning the family history.

In those admitted, 6 had received a collegiate education, 14 an academic and 192 a common school. One could read and write, 15 could read only, 20 had no education, and in 50 cases the degree of education was unascertained.

Of the 1,371 patients remaining in the hospital on October 1, 1897, 710, or 58.78 per cent., have resided in the hospital three years or more, and 1,008, or 73.52 per cent., are residents of the counties within this hospital district.

Our death-rate of 6 per cent. during the past year has been the lowest in the history of the hospital, and is based on the daily average population. This is particularly gratifying, when we

St. Lawrence State Hospital—Annual Report

stop to consider that a number of patients suffered from typhoid fever. This latter disease continues to be a source of much anxiety to us, although we have endeavored most carefully to sterilize our drinking water by boiling. It is apparent from the numerous cases of typhoid fever that we have had during the year, i. e., 21, that patients and employes will drink the unsterilized water from the faucets in the lavatories and bathrooms. The method of sterilizing drinking water by boiling is inconvenient, troublesome and expensive; moreover, it results in keeping unsightly receptacles for its storage.

We have considered various methods of remedying this defect, but until recently none that we have thought of could be utilized on account of the great expense incident to the changes that would be made necessary. Within the past month, however, having investigated thoroughly the matter of filtration we are convinced that the use of either the Pasteur or Berckfeldt filter will give us absolutely sterile water and will do away with the boiling that we have had to resort to. The Pasteur is an unglazed porcelain filter, which checks the transit of all disease germs save those of yellow and typhoid fever, and these require between 30 and 40 days to pass through the filtering tube. These tubes can be taken out every week or two and boiled, thus destroying the germs which are in the meshes of the filter, and can then be replaced and used for a like period of time.

It seems advisable, in view of these facts, to equip one or two of our cottages with the necessary apparatus, and if the results are satisfactory, to place them in every building on the hospital grounds. I am informed that this method has been used successfully in the public schools of cities and towns where the drinking water has been polluted with the disease germs of typhoid fever.

METHODS OF TREATMENT.

The medical work of the hospital has been the most important feature of the year, and every member of the staff has exerted his energies to the fullest in carrying out the most modern treatment of the insane.

St. Lawrence State Hospital—Annual Report

All patients upon admission are sent at once to the hospital wards, which are equipped along hospital lines, where they are carefully examined and every endeavor made to ascertain the exact physical conditions which are associated with the mental disease.

The physicians have endeavored to stimulate a sense of responsibility in the nurses, and the carefully-kept clinical records are evidences of the good work performed by the nursing staff. In connection with the clinical work, much time and thought has been given to the pathological side of the question.

The pathological department has been removed from the old laboratory and established in the new mortuary, where, with new and complete equipment, modern methods of investigation are being followed. All the old gross specimens and microscopical sections were carefully catalogued at the beginning of the new work, and it is possible now, with the card index that we have, to refer in a moment to any special case.

One of the assistant physicians spent a month last summer in the Pathological Institute of New York city, perfecting himself in the newer methods of technique.

The old laboratory has been equipped and arranged for investigation in physiological chemistry, and being situated near the hospital wards, it is possible to have the various fluids of the body examined immediately, if necessary.

Auto-intoxication now being considered an important causal factor in some forms of insanity, no hospital can expect to accomplish the best results unless the individual case is studied and investigated along this line. From the work that has already been accomplished, we are safe in saying that in certain cases marked increase in the symptoms are dependent upon a toxic state of the system.

In connection with this laboratory, we have established a department of bacteriology, and already much work has been accomplished in it. We have made 25 cultures in 13 cases of supposed diphtheria at the Willard State Hospital. Of the cultures made, 17 were those of true diphtheria, 3 were not diphtheria, 2 were

St. Lawrence State Hospital—Annual Report

doubtful and 3 negative. One tube, when received, was found to be cracked, and it was impossible to examine it.

Thyroid feeding has been continued, 24 patients having been treated by this method. In the central hospital, 21 cases under observation were those who in all probability would not recover under ordinary circumstances. They included cases of terminal and primary dementia, stuporous melancholia and recurrent mania of long standing. Of these 21 cases, 2 recovered and were discharged during the year, 4 were greatly improved, 14 were unimproved and 1 is at present under treatment. In this connection, we would state that the blood of all these cases was examined before treatment, as well as during and after. The results of these examinations will be published later in the State Hospitals' Bulletin.

The following surgical operations were performed during the year, the work having been mostly done by the medical staff, although in two or three instances we have had the benefit of the services of Dr. Madill and Dr. Bell of Ogdensburg: Amputation of leg, 1; tumors removed, 3; radical operation for hernia, 3; torticollis, 1; oophorectomy, 1; cataract, 3; lumbar puncture, 15; pterygium, 1; phimosis, 2.

The comfort of our patients has been added too very materially by the systematic examination and treatment of abnormal conditions of the eye by Dr. Bell, of Ogdensburg, who twice a month gives a half-day to this work, in the hospital, examining all admissions and treating such cases whose condition calls for it. Certainly wherever eye strain complicates the insanity, it is rational to suppose that the distressing symptoms, such as severe headache, neuralgia, etc., can be relieved by the adjustment of suitable glasses or by operative interference, and the patient's mental condition thereby improved.

One afternoon each week, Dr. Musgrove, a dentist of the city of Ogdensburg, spends at the hospital, doing such work as we find that our patients are in need of. He has treated 167 men and 97 women, a total of 264 patients.

St. Lawrence State Hospital—Annual Report

AMUSEMENTS.

The usual recreations and amusements have been provided for and much pleasure has been derived from them. During the winter, regular weekly dances have been held, and, in addition, private theatricals and minstrel entertainments have been occasionally given. Base-ball has, as a rule, been played on Saturday afternoons during the summer, and the hospital band has given weekly concerts out of doors.

The usual annual Field Day exercises were held on July 1st, and the patients all derived great pleasure from them.

One hundred and thirty-seven patients attended the matinee performance of "Wang" in the City Opera House, 50 patients attended the Ogdensburg Musical Festival and 150 were present at the circus.

A dancing-class was recently organized for those cases who do not know how to dance, but who would receive material benefit by reason of the special attention given them.

A Sunday evening service of song is now one of the regular features of hospital life, and the music is interspersed with reading by Dr. W. H. Kidder.

In response to a circular letter addressed to the friends of patients, many presents were received, and Christmas eve was indeed a joyous occasion, when the patients assembled to receive the remembrances of their friends. Those who, by reason of sickness or other circumstances were unable to be present, had their gifts presented to them the next day, and no patient in the institution was forgotten.

OCCUPATION.

Many of our patients have been employed in the usual occupations provided in an institution of this character, and during the year an average of 70.79 per cent. have been engaged in some useful work.

Our shops afford in the winter time sufficient varieties of employment to keep many who are of a mechanical turn of mind engaged.

St. Lawrence State Hospital—Annual Report

As many as 103 patients have been employed during the summer days in grading about the different buildings, and the work that they have accomplished has resulted in not only improving their general health, but in some instances has brought about an improved mental state. Furthermore, the direct saving to the Commonwealth in dollars and cents has been very great.

We have endeavored to provide new forms of occupation, and, with this end in view, have started the rag carpet industry, and have already made sufficient carpet to cover the floors of the rooms occupied by the employes of the infirmary building and those occupied by the patients in the garden cottage.

We have also purchased and placed on several of the wards electric flat-irons, where those who are unable to work in the laundry, and who will not occupy themselves in other directions, are kept busy each morning in pressing aprons and skirts. Electric pressing-irons are made use of in buildings occupied by men, for pressing their clothes after they have been thoroughly cleansed. This work of cleaning and pressing the clothing is done entirely by patients.

TRAINING SCHOOL.

During the present year the standard of this school, which has always been of the highest, has been maintained, and the requirements for entrance and graduation have been even more rigorous. More and more attention is constantly being paid to practical bedside teaching and the observation of symptoms, with extended attendance upon the sick.

It has been the plan for several years to have a few lectures to nurses delivered by outside physicians, and this method adds greater interest to the course.

The State examination, conducted by the committee of hospital superintendents, was held in May, and out of a senior class of 15 there were 14 successful candidates.

The class of 1896-97 opened with 66 members, but a reduction of 50 per cent. was made in this number by the increased require-

St. Lawrence State Hospital—Annual Report

ments of the course and the failure of a number at the mid-winter and final examinations.

Twenty-eight of the thirty-three members of last year's junior class have entered the senior class for 1897-98.

The State, recognizing as it does the importance of trained attendance upon the sick, has required the committee of hospital superintendents to examine not only the members of the senior class who apply for the State certificate, but also the members of the junior class, no person being permitted to enter the advanced class until they have successfully sustained the State examination. Furthermore, the plan of an entrance examination to the training school, which was instituted by my predecessor, Dr. Wise, has now become the regulation for the entire State hospital service, and this requirement will do much to add to the reputation of the graduates of State hospital training schools. To stimulate the work in the school, a prize is offered to the member of the senior class presenting the best clinical record and to the member of the junior class who has taken the best notes of the lectures during the year.

CONSTRUCTION AND IMPROVEMENTS.

The following is the work that has been carried on in construction and improvements during the past twelve months:

The finishing and furnishing of the recreation building provides us with suitable accommodations for a most important means of treatment. The scenery was painted by Sosman & Landis, of Chicago, but the work of placing the same was done very largely by employes from our mechanical department, thus materially reducing the cost. The electric wiring and lighting was performed under contract by the F. P. Little Electrical Construction and Supply Co., of Buffalo, and is most complete in every respect.

The original plan of having a large bathhouse in the basement of this building, under the stage, is deferred, owing to the lack of funds, but we trust that in the near future it will be possible to proceed with the work, and thus add a most valuable method of

St. Lawrence State Hospital—Annual Report

treatment to our other resources. Our own employes have done the plumbing that was absolutely necessary in this building.

The seating was furnished by the Andrews-Demarest Seating Company, and includes permanent seats in the gallery and portable ones on the first floor. The cost of these seats including those provided in the lecture room for the training school, which is situated in this building, was comparatively small.

The completion of the garden cottage in December increased our accommodations by 44, and the occupancy of this building has been more than satisfactory. We now care for 74 patients in this cottage with the minimum amount of attendance. Most of these patients work in the garden under the immediate direction of the gardener and without the necessity for the presence of even one attendant.

After this building had been turned over to the State by the contractor, it was necessary to cover the two boilers and the steam pipes with asbestos sectional covering and the results obtained from it in the saving of coal has more than justified the expense.

The workshops were finished early in the year and modern wood and iron working machines have been installed. These machines are most useful and permit us to do certain work which was formerly sent to the mills in Ogdensburg.

The addition to the boiler house provides accommodations for four 150-horse-power boilers and a contract for the same was let to the Fitzgibbons Boiler Company of Oswego, N. Y., for their marine type of boiler. Progress in the installation of this plant is now being made and it is expected will soon be finished.

The contract for these boilers includes all necessary steam, water and smoke connections. The hospital, however, had to purchase three No. 4 Worthington automatic feed pumps.

A rendering tank and dryer were installed early in the summer to dispose of the tubercular cattle that we had to kill. With this apparatus, it was possible to save the State a considerable sum of money as we were able to collect the tallow, while the residue of each carcass was dried and used for fertilizing pur-

St. Lawrence State Hospital—Annual Report

poses. Furthermore, should we ever have an outbreak of hog cholera, it will be possible to dispose of all the diseased animals, thus reducing to a minimum the risk of future infection and at the same time saving enough tallow and fertilizing material to keep the loss from being a total one.

The steam pipes in the basement of the employes' cottage were covered with asbestos sectional covering.

The work upon the grounds has been very extensive. The labor has been performed almost entirely by patients under the direction of attendants.

The entire front of central hospital east has been graded as well as the rear of central hospital west, the front and east of the boiler house and shops, between group three and the mortuary and also the east of group three. In addition, a great deal of rough grading has been done in the rear of central hospital east and between this portion of the grounds and the infirmary. Grades have been made and stakes driven for the excavating of two small artificial lakes, which will be connected by a narrow stream. This latter will be spanned by a rustic bridge.

Another year will see the main portion of the grounds finished and in lawn.

A macadam road has been constructed at the east side of the recreation building in order that coal might be delivered to the boilers in the basement. Likewise, the road between the storehouse and fire department building has been macadamized.

A macadam road commencing at the city line and running to the Lisbon road, a distance of 5,930 feet, was completed last December. The macadam is 16 feet wide and the road is a direct line between Lisbon and the city, thereby enabling us, in accordance with the law, to close the so-called Old Lisbon road at any time.

The new cow stables were finished late last fall and a shed was erected at the north end to protect the cattle in the cow-yards from the prevailing winds and also to store farm wagons, implements, etc. These stables have proven more than satis-

St. Lawrence State Hospital—Annual Report

factory and the method of draining all the urine and washings into cement cisterns has resulted in saving a great deal of valuable fertilizing material.

Owing to the fire in the drying-room of the laundry last October, it became necessary to erect an all metallic dry-room. This was installed by the American Laundry Machinery Company of New York city, and is a valuable addition to our plant.

The central hospital group of buildings, group three, the infirmary, kitchens, laundry and one or two tenant houses have been painted.

The expense of running the direct current for lighting the garden cottage and cow barns was so great, that we had to adopt the alternating system. It was possible, however, by means of transformers and step-ups and step-downs to start from the station and convert the direct into an alternating current, carry it to its terminus and there again transform it into the direct current. This system has now been in operation for several weeks and the results are entirely satisfactory.

The work that is unfinished, but in process of construction, includes the milk house, which was commenced the latter part of the year and is to cost \$2,945. This, however, does not include the necessary apparatus for Pasteurizing and distributing the milk. The apparatus necessary for this work includes an overhead trolley to carry the milk from the stables to the building, a receiving and heating tank, a separator and cooling tank, a Babcock milk tester, and a 10-horse-power engine. When these appliances are installed, it will be possible for us to have absolutely pure milk, even should tuberculosis appear in our herd.

The idea of Pasteurizing instead of sterilizing the milk is to prevent any change in the taste and appearance of this article of diet.

The process is briefly, to raise the temperature of the milk to 155 or 160 degrees Fahrenheit, hold it there for from twenty to twenty-five minutes and pass it through a separator to cleanse it. From the separator, it is passed into the cooling tank where it is rapidly chilled. By these measures, all germs of tuber-

St. Lawrence State Hospital—Annual Report

culosis are destroyed, and if in addition to this treatment, we distribute the milk in sterilized cans, it can readily be seen that absolutely pure milk will be furnished to our patients.

The Babcock milk tester will enable us to determine at any time the value of the different cows in our herd and know if they are giving milk of the required standard.

The farm cottage, which is now being enclosed, will when finished, accommodate 52 patients, who will work about the barns and on the farm.

In order to dispose of the sewage from this building, we had to excavate for and lay 1,876 feet of 12-inch vitrified sewer tile. The work was largely accomplished by patients' labor.

It is expected that this cottage, when completed and occupied, will cost less than the \$550 per capita. The building itself is to be 114 feet long by 84 feet wide, over all, two stories in height, and will provide, in addition to the accommodations for patients, suitable quarters for the farmer, attendants, farm laborers and firemen. The outer walls are of brick, having an air space between the outside face brick and the inside wall. The division walls are of brick and contain heating and ventilating flues. The roof is to be of slate.

Late in the season a contract was made with The Walker Company of Cleveland, Ohio, for the installation of two 25-kilo-watt generators, two 50-kilo-watt generators, two 75-kilo-watt generators and the necessary engines. These are to be direct connected, and it is expected that they will prove much more economical than the old, unsafe belted engines and dynamos that we are now using. In fact, we believe that 15 per cent. will be saved in the transmission of power.

SUGGESTIONS FOR THE COMING YEAR.

In calling your attention to our needs for the coming year, I would urgently request that strenuous efforts be made to secure the necessary apportionments for the following additions and improvements:

St. Lawrence State Hospital—Annual Report

INFIRMARY WINGS.

The original plan contemplated the construction of two more wings to the infirmary than we now have, and the needs of the hospital, with its increased population, demand that these be built at the earliest practicable date in order to provide for the proper classification of cases, and to add to the general efficiency of the hospital organization. These buildings are to be connected with the dining-rooms by circular corridors, with verandas on each side, and to have large fireplaces and fireproof staircases. The outer walls are to be faced with blue limestone ashler, the division walls to be of brick and to contain heating and ventilating flues. The lavatories, water-closets and bathrooms are to have iron beams, brick arches and encaustic tile floors. The wings will accommodate 150 patients and will cost approximately, when finished and furnished, \$82,500.

In connection with this work, it seems necessary to make certain changes in the rear of the infirmary, which was originally designed for the accommodation of the employes. This portion of the building contains at present nine single rooms on the first floor and the same on the second floor, and also has two day rooms on the first floor and two dormitories on the second floor, which have been occupied by patients, as the original plan for caring for the attendants here did not prove satisfactory. By taking down the division walls and the ceiling of the second story and throwing six of the rooms and hall on each floor into one room, it will be possible to accommodate twenty additional patients. A carefully detailed estimate as to the cost of this work shows that it can be done for \$3,800.

ADDITIONS TO LAUNDRY.

The rapid increase in the population of the hospital calls for an extension to the present laundry, which is now inadequate to the daily demands made upon it. It is entirely practicable to build an extension on the westerly side to correspond to the extension that was made in 1894. The addition would be 36 feet 4 inches by 56

St. Lawrence State Hospital—Annual Report

feet, and would be one story high. It would provide additional space for a hand laundry and also give us more room for ironing and assorting. Should this addition be made, we should install a metallic sterilizing chamber capable of withstanding a pressure of fifty pounds to the square inch and sufficiently large to take in an entire mattress. The cost of this addition approximates \$5,500. Furthermore, we require a new extractor and two new metallic washing machines as well as a new mangle. The cost of this additional apparatus has not yet been estimated, but it is essential to have it for the complete and satisfactory working of our laundry.

COMPLETION OF GREENHOUSE.

The central part of the greenhouse having been finished, it becomes necessary to erect the two wings, which are to be 24 by 70 feet. The estimated cost of this addition, including the heating apparatus, is \$5,860.

BATHHOUSE AND BATHROOMS.

The original plans of the recreation building provide for a set of baths in the basement, by means of which hydro-therapthy can be added to our other means of treatment. The plans were prepared by Mr. Dickinson, sanitary engineer of New York city, and this improvement will cost \$9,500.

RECREATION PAVILION.

It seems desirable during the summer months to have a suitable gathering place, where patients may enjoy some of the recreations like dancing, which now are limited to the winter season and which is impracticable to utilize during the summer, owing to the fact that when conducted in-doors they are uncomfortable and unsatisfactory. The sum of \$2,160 will provide such a building, which can also be used for band concerts and other forms of amusement and recreation.

St. Lawrence State Hospital—Annual Report

FENCE FOR THE ADDITION TO OVAL.

Our oval for field sports and other out-of-door games is much too small for our present requirements, and we desire very much to extend it, adding a cinder track and doing considerable grading. The cost of fencing this in, together with the grading and making a cinder track, is \$175.

ADDITION TO ICEHOUSE.

Last year our icehouse was too small to store all the ice we needed, and this year, also, we will have to buy additional ice. It seems advisable, therefore, to make an extension to it of 50 by 30 feet, and this, it is estimated, can be done for \$1,200.

CHICKEN-HOUSE.

It would be profitable to erect a chicken-house and fence in a sufficient amount of yard for its needs. If this is done, it will be possible to provide for the hospital the greater portion of the poultry that we consume during the year; furthermore, it will furnish a means of occupation to patients and will provide us with sufficient eggs for the sick. The sum of \$750 will accomplish this work.

PROPAGATING-HOUSE AND ROOT CELLAR.

The present propagating-house at the garden cottage is difficult to heat and expensive to operate. Certain structural changes are necessary to adapt it to our needs.

It appears desirable, also, to erect a new root cellar in the vicinity of the garden cottage, where we can store many of the vegetables that we raise. The present cellar and building used for this purpose is inadequate and does not store all the vegetables that we require during the winter. It is estimated that these changes can be made in the propagating-house and a new root cellar built for \$2,150.

St. Lawrence State Hospital—Annual Report

IRON PLANER AND SHAPER.

Since occupying our new shops, we find that it is necessary to add to our equipment in the machine shop an iron planer and shaper. This will result in a considerable saving, inasmuch as we now have to send to Ogdensburg for whatever work of this kind we need. The sum of \$415 will purchase such a machine.

ROADS.

The plans prepared by Mr. Weidenmann, landscape gardener, have been followed out very carefully, and the work about the grounds has been done in accordance with his working plans. The interior system of roads, so far as built, are entirely satisfactory, but in order to finish it according to the original plans, it is essential to construct the following:

First. A road from the boiler-house to the pumphouse, 15 feet wide with a depth of 8 inches of crushed stone, the road to have 4-inch tile drain on each side. The total length of this road is 2,100 feet, and it is estimated that it will cost \$1.30 per foot. Its construction will, therefore, amount to \$2,730.

Second. The road from the infirmary to the Lisbon boulevard, including a culvert across the ravine. The road to be 16 feet wide and to have a depth of 10 inches of crushed stone, with 4-inch tile drains on each side. The total length will be 840 feet, and at \$1.45 per foot, the road will cost \$2,668. The culvert will make an addition of \$850 to this amount.

Third. A road from the boulevard to the boiler-house at the Farm Cottage, including turns to the buildings. This road to be 16 feet wide, to have 10-inch depth of crushed stone, together with 4-inch tile drains on each side. The total length will be 1,500 feet and at \$1.25 per foot, the total cost will be \$1,875.

Fourth. The continuation of the boulevard from the cross road to the easterly line of the State hospital grounds. The road to be 16 feet wide, 10-inch depth of crushed stone and 4-inch tile drains on each side. The entire length is to be 830 feet, and at \$1.50 per foot, the total amount will be \$1,245.

Fifth. Asphalt walks about the grounds, \$500.

St. Lawrence State Hospital—Annual Report

Sixth. Cinder roads and walks around the different buildings, \$500.

TREES AND SHRUBS.

Each year, trees and shrubs have been planted to add to the beauty of the grounds and this year we will require the sum of \$675 for this purpose.

CEMENTING BASEMENTS.

The basements in many of the buildings need cementing and every winter this work has been done by our patients and employes. We can use about 350 barrels of Portland cement for this purpose during the coming winter at a cost of \$2.40 per barrel, making a total of \$840.

STORAGE SHEDS.

We have at present no place for storing waste material, such as barrels, butter tubs, boxes, old iron and refuse of different kinds, and as a result, part of the grounds are at times unsightly owing to the fact that these articles are displayed in different places. We desire to build a storage shed for this purpose, a rag house to replace the one burned and also to place a crematory where such waste material as is useless can be burned. The cost of this structure, together with the necessary furnace, will be \$2,000.

PIPE AND BOILER COVERING.

Many of the steam mains and other pipes were originally covered with the "Riley" covering. Whenever a leak takes place in a pipe, it is necessary to take down different amounts of this material in order to repair the leak. Owing to the nature of the covering, it is impossible to restore it in a workmanlike manner and as a result a considerable surface of pipe is left exposed. In addition, much of the new pipe that has been placed by reason of the increase in the size of the hospital has never been covered and we have also three new boilers (two in the

St. Lawrence State Hospital—Annual Report

milk house and one in the boiler house) that are without protection. It is, therefore, deemed advisable from an economical standpoint to put on the needed covering and thus save largely in the amount of coal used. The sum required for this purpose has not yet been determined, but we hope that a sufficient apportionment will be made for our needs in this direction.

REMARKS.

I regret to report that during the past year we had one suicide. The patient, who was somewhat demented, was not considered to have any suicidal tendencies, having been under observation in the hospital for one year and seven months. During the night of May 6, 1897, he went to the bath-room and while there hung himself. The facts were carefully investigated, the coroner was notified and found that no blame could be attached to any employee and he did not deem an inquest necessary.

It might be well here to state, that in all cases of sudden death we notify the coroner and if he deems an inquest unnecessary he so certifies in writing, thus affording the institution ample protection against unwarranted criticisms which arise from time to time.

On the evening of October 29, 1896, a fire started in the laundry about 9:30. Its origin was in the drying-room, apparently in the cabinets filled with clothes. The fire department responded promptly and succeeded in confining the flames to the immediate vicinity and after a half hour's work extinguished them. These drying cabinets were constructed of wood and were entirely burned out. They were replaced by all metallic dryers.

On the evening of February 24, 1897, about 9 o'clock, a tenant-house situated near the trolley station took fire but the department soon extinguished it. The damage to the building and furniture was trifling.

A third fire started in a small frame building used for storing rags and situated north of the infirmary near the river. This building was destroyed before the flames could be extinguished, but the loss incident thereto was not large.

St. Lawrence State Hospital—Annual Report

During the year a number of improvements have taken place in the fire department.

In October, the permanent home of the department, which is situated in a separate building near the boiler house, was occupied. In this building, there are accommodations for a horse and a sleeping room for a driver, who is constantly on duty. The equipment has been added to by the purchase of 1,000 feet of best quality fire hose, a hose wagon, together with a swinging harness and complete uniforms for the pipemen. The man in charge is always ready to respond to alarms, either night or day, and general alarms have been sounded for practice frequently during the year. By means of the hose wagon, much time is saved in getting to the scene of the fire, and it is possible, by reason thereof, to get a stream on in a very short space of time. When an alarm is sounded, the horse that has been thoroughly trained, takes his place before the wagon and the harness is immediately dropped on him and caught with patent snaps. The firemen go at once to the scene of the fire and do not have to haul hose carts and other apparatus. The result is that when the wagon gets to the hydrant with the hose, a number of firemen are there to make the connections at once, and respond to the orders of the chief.

MEDICAL STAFF AND OFFICERS.

Several changes have taken place in the medical staff during the year.

Dr. W. Grant Cooper was appointed junior assistant physician on October 31, 1896. Dr. Walter M. Brickner resigned his position as medical interne on January 1, 1897, to enter Mt. Sinai Hospital, New York city. Dr. Frank G. Hyde having been appointed junior assistant physician at the Manhattan State Hospital, resigned on April 17, 1897. These positions were respectively filled by the appointment of Dr. Walter J. Howells on April 17, 1897, and Dr. Edward G. Stout on July 31, 1897.

St. Lawrence State Hospital—Annual Report

My labors, during the year, have been much lightened by the efficient aid and hearty support received from the medical staff and it is a pleasure to bear testimony to the faithful and scientific work that they have performed. Imbued as they are with a true sense of their responsibility, their work each year becomes more and more valuable to the State, and the true hospital spirit is certainly exemplified in their daily life.

To the steward, Mr. William C. Hall, I am under obligations for valuable assistance in the business department.

EMPLOYEES.

During the year we lost by death two employes.

Mrs. Alice Murphy died from typhoid fever on October 4, 1896, and Mr. Charles B. Hollenbeck died from appendicitis on August 19, 1897.

Mr. Hollenbeck was supervisor of the Garden cottage and was of great assistance to me at the time of the reopening of this building, being instrumental in bringing the service there to a high state of efficiency.

The work of our employes generally has been entirely satisfactory, and many of them have labored in season and out for the good name, reputation and success of the hospital. It is to them that we have to look largely for the successful operation of the institution and it is pleasing to know that but few have proved inefficient and unfaithful.

OFFICIAL VISITS.

The usual visits have been made by the State Commission in Lunacy, and it is a pleasure to note that our relations with the Commission are of the most pleasant nature and their suggestions have always been in the line of improving the standard of the hospital and maintaining the proper spirit that is involved in the State Care Act.

During the year the hospital has been visited by Dr. Blair, superintendent of the Barony Hospital, Glasgow, Dr. A. R. Urquhart of Perth, Scotland, Dr. Ira Van Gieson, of the Pathological

St. Lawrence State Hospital—Annual Report

Institute, New York city, Dr. W. L. Russell, of the Willard State Hospital, Dr. G. T. Adams, superintendent of the Westboro Asylum, Mass., the Fish and Forestry Commission of New York State, a committee from Longue Point Asylum, Montreal, Canada, Mr. John McDougal and Mr. J. Allen Baker, members of the London County Council Asylums committee and the assistant secretary of the State Charities Aid Association.

ACKNOWLEDGMENTS.

We are under obligations to the clergymen of Ogdensburg, who have held services on Sunday afternoons and who have, in addition, visited the sick whenever called upon.

The choir, under the direction of Mrs. R. E. Waterman, has added much to the interest in the chapel services.

We desire to express our appreciation for the services rendered by Drs. B. F. and J. C. Sherman, Dr. S. E. Brown, Dr. W. N. Bell, and Dr. G. C. Madill, all of Ogdensburg, for delivering, during the year, lectures to the members of the training school

As in other years, the press of northern New York have placed us under obligations to them by providing us with one or more copies of their newspapers for the use of patients, the list of which is as follows:

Adirondack News, Albany Journal, Antwerp Gazette, Baldwinsville Gazette, Canton Commercial Advertiser, Carthage Republican, New York World (twice a week), Chateaugay Record, East Syracuse News, Essex County Republican, Fayetteville Weekly Recorder, Franklin Gazette, Glens Falls Daily Times, Glens Falls Morning Star, Gouverneur Free Press, Jefferson County Journal, Lakeside Press, Lowville Journal and Republican, Malone Palladium, Mexico Independent, Northern Christian Advocate, Watertown Advocate, Ogdensburg Advance, Oswego Daily Times, Potsdam Courier and Freeman, Potsdam Recorder, Elizabethtown Post, Fort Covington Sun, Fulton Patriot, Lewis County Leader, Theresa Weekly Gleaner, Malone Farmer, Manlius Eagle, Northern Tribune, St. Lawrence Republican, Syracuse

St. Lawrence State Hospital—Annual Report

Herald, Plattsburgh Republican, Sandy Creek News, Skaneateles Democrat, Syracuse Standard (two), Syracuse Sunday Times, Tully Times, Watertown Post, St. Lawrence Herald, St. Lawrence Plaindealer, Ticonderoga Sentinel, Union Gospel News, Watertown Herald, Wesleyan Methodist, Syracuse Evening Herald.

The New York Medical Journal continues to be gratuitously furnished us for the use of the medical staff.

To Mrs. Thomas Lawrence we extend our thanks for cut flowers during the year. We have also received cut flowers from time to time from Miss Mary Hanna and Mrs. Nightingale, of Ogdensburg.

We are indebted also to the following persons for their contributions: H. M. Starks, of Ogdensburg, box of magazines; Dr. E. D. Ferguson, secretary State Medical Association, complete set of the transactions of the New York State Medical Association; Mrs. James G. Averell, Ogdensburg, potted palms and plants; Mrs. Anna Hollenbeck, ten bound volumes for patients' library, Miss E. Ransom, Massena, large box of Harper's magazines; Rev. Father Klauder, Ogdensburg, two large packages of illustrated Boston papers; Mr. Patrick Hackett, Ogdensburg, two iron garden urns, and the many friends who remembered our patients on Christmas.

We have also received the agricultural reports from the experiment stations at St. Anthonys, Minn., Ithaca, N. Y., and Geneva, N. Y.

During the year I have received many evidences of your good will and I beg leave in closing to record my appreciation of your sympathy and support, which has always been freely given to further this great charity.

Respectfully submitted,

WILLIAM MABON,

Superintendent.

St. Lawrence State Hospital—Annual Report

STEWARD'S REPORT

To the Medical Superintendent:

The report of farm and garden products, live stock on hand, the classification and summary for maintenance, steward's sales, and articles manufactured and repaired for the year ending September 30, 1897, is herewith respectfully submitted.

W. C. HALL,
Steward.

FARM PRODUCTS.

Beef, pounds	20,609
Chicken, pounds	175
Corn, bushels	500
Cornstalks, tons	210
Corn silo, tons	650
Fertilizer, pounds	11,265
Hay, tons	430
Hides, pounds	7,488
Milk, gallons	46,791
Oats, bushels	2,500
Pork, pounds	38,651
Potatoes, bushels	5,600
Peas, bushels	30
Straw, tons	80
Tallow, pounds	4,236
Turkeys, pounds	271
Veal, pounds	128

GARDEN PRODUCTS.

Apples, bushels	64
Asparagus, bunches	476
Beans, Lima, bushels	11
Beans, string, bushels	178

St. Lawrence State Hospital—Annual Report

Beets, bunches	281
Beets, bushels	392
Blackberries, quarts	690
Catnip, bunches	156
Cabbage, early, heads.....	3,486
Cabbage, late, heads.....	8,160
Carrots, bunches	5
Carrots, bushels	640
Cauliflower, heads	215
Celery, heads	4,932
Corn, sweet, bushels	496
Corn, sweet, dozen.....	11
Corn, pop, bushels.....	20
Cucumbers, bushels	188
Egg plant, dozen.....	15
Horse radish, gallons.....	63
Kohlrabi, bushels	3
Lettuce, heads	1,992
Lettuce, bushels	217
Melons, musk	2,000
Melons, water.....	1,100
Onions, bunches	3,914
Onions, bushels	478
Parsley, bunches	1,673
Parsnips, bushels	215
Peppers, bushels	3
Peppers, dozen	42
Peas, green, bushels.....	130
Potatoes, early, bushels.....	500
Pumpkins	30
Pickles, barrels	17
Radishes, bunches	2,913
Radishes, winter, bushels.....	35
Rhubard, bunches	1,036
Sage, pounds	50

St. Lawrence State Hospital—Annual Report

Savory, pounds	300
Salsify, bushels	35
Squash, bushels	206
Strawberries, quarts	635
Tomatoes, ripe, bushels.....	138
Tomatoes, green, bushels.....	210
Turnips, bushels	658
Wormwood, pounds	50

LIVE STOCK AND POULTRY ON HAND.

Boars	2
Colts	4
Hens and chickens.....	85
Hogs	100
Horses	35
Shoats	247
Turkeys	30

ARTICLES MANUFACTURED IN WORKSHOP.

Awnings	3
Brushes, bath	85
Brushes, clothes	14
Brushes, corn	4
Brushes, shoe	10
Brushes, hair	67
Brushes, rattan	15
Brushes, carpet	1
Brushes, floor polishers.....	90
Brushes, long-handled, scrub.....	117
Brush mats, small.....	72
Brush mats, large.....	9
Braided mats, large.....	3
Brooms	2,032
Brooms, brush	293

St. Lawrence State Hospital—Annual Report

Brooms, rattan	45
Bolsters	1
Baseballs covered	8
Carpet, rag, yards	963
Canvas cover	1
Cushions	31
Carriage curtains	2
Chairs, recaned	118
Canvas cover for wagon	1
Carpets sewed and laid	6
Drum straps	2
Foot stools	2
Hassocks	2
Hip rests	2
Handles, floor polisher	6
Harness lines, pairs	7
Harness check straps	2
Harness bridles	2
Harness lazy straps	1
Harness loop straps	2
Harness hame straps	41
Harness leather back pads	3
Harness spread straps	2
<hr/>	
Harness britchen straps	5
Harness side straps	2
Harness felt collar pads	2
Harness breast straps	5
Harness thill straps	2
Harness straps for barn	31
Harness halter straps	1
Harness pole straps	12
Harness belly bands	2
Harness hitching straps	4
Ice bags	2

St. Lawrence State Hospital—Annual Report

Insoles, pairs.....	6
Knee pads.....	2
Lounges, upholstered.....	20
Leggins, pairs.....	3
Mattresses, single.....	200
Mattresses, double.....	18
Mattresses, strong.....	34
Mattress ticks.....	573
Mat frame.....	1
Mat gauge.....	1
Ottomans.....	8
Oxygen bags.....	1
Pillows, feather.....	340
Pillows, hair.....	5
Pillows, cotton.....	60
Rubber bags.....	2
Rag carpet rugs.....	11
Suspensory.....	1
Skate straps.....	20
Strong blankets.....	37
Soft clubs.....	2
Stands, caned.....	9
Settees, caned.....	11
Shoes, leather, pairs.....	10
Shoes, canvas, pairs.....	42
Shoes, knit, pair.....	1
Slippers, pair.....	1
Straps for ward use.....	2
Ticks, pillow.....	40
Tables, covered.....	3
Valve for sewer pump.....	1
Wigs.....	3
Wristlets, pair.....	1

St. Lawrence State Hospital—Annual Report

ARTICLES MADE IN SEWING-ROOM.

Aprons, white.	2,908
'Aprons, gingham.	229
'Aprons, cooks'.	428
Aprons, oilcloth.	1
'Aprons, surgical.	2
Aprons, attendants'.	782
Bathing suits.	5
Bathing jackets.	4
Blankets, hemmed.	302
Bedspreads, hemmed.	195
Bedspread, calico.	1
Barrel cover.	1
Bibs.	43
Bakers' mittens, pairs.	20
Cushions.	22
Coffee sacks.	34
Caps, cooks'.	64
Caps, old ladies'.	7
Chemise.	1,199
Coats, cooks'.	79
Corset covers.	13
Curtains, cloth.	218
Couch covers.	5
Combination suits.	2
Clothes bags.	13
Carpet rags, pounds.	900
Caps, nurses'.	1,376
Camisoles.	14
Carpets sewed.	17
Dresses.	1,307
Dresses, strong.	29
Dresses, remade.	6
Dusting cloths.	18
Dish towels.	3,427
Drawers, pairs.	1,177

St. Lawrence State Hospital—Annual Report

Elastics, pairs.....	32
Floor cloth.....	1
Hose, knit, pairs.....	68
Holders.....	100
Hair clothes.....	3
Handkerchiefs.....	201
Mattress protectors.....	330
Mittens, knit, pairs.....	11
Neckties.....	54
Napkins.....	1,062
Night dresses.....	1,440
Night dresses, strong.....	38
Nightshirts.....	1,419
Pillow cases.....	3,110
Pillow shams.....	140
Pieces embroidery.....	11
Pillow ticks.....	251
Protection sheets.....	9
Quilts.....	7
Rugs, bound.....	196
Shirts, cheviot.....	1,654
Shirts, white.....	220
Sheets.....	3,457
Skirts, cotton.....	317
Skirts, woollen.....	285
Skirts, ticking.....	264
Stand spreads.....	149
Shrouds.....	50
Strong blanket.....	1
Strong shirts.....	2
Strong mittens, pairs.....	6
Shirt waists.....	33
Screens.....	8
Tablecloths.....	611
Tidies, crocheted.....	3
Towels, individual.....	11,745

St. Lawrence State Hospital—Annual Report

Towels, bath.....	1,453
Towels, roller.....	149
Towels, barbers'.....	12
Tapes, sewed on.....	5,306
Window shades.....	504
Wrappers.....	10

ARTICLES MADE IN TAILORSHOP.

Coats.....	586
Vests.....	564
Pants.....	790
Overcoats.....	74
Strong suits.....	47
Overalls.....	329
Jumpers.....	18

ARTICLES MENDED.

Garments repaired in sewing-room.....	29,790
Hose repaired in sewing-room, pairs.....	4,610
Garments repaired in tailorshop.....	2,727
Articles repaired in workshop.....	1,495

STEWARD'S SALES.

October.....	\$112 93
November.....	165 35
December.....	92 79
January.....	136 88
February.....	188 24
March.....	139 97
April.....	256 97
May.....	91 57
June.....	114 24
July.....	110 89
August.....	109 94
September.....	755 84

\$2,275 61

St. Lawrence State Hospital—Annual Report

Estimated value of farm and garden products.....	\$26,957 98
Estimated value of articles manufactured in sewing-room, including cost of material.....	11,279 73
Estimated value of articles manufactured in tailor-shop, including cost of material.....	3,595 07
Estimated value of articles manufactured in work-shop, including cost of material.....	4,994 78

SUMMARY OF VOUCHERS AUDITED FOR THE YEAR.

Officers' salaries.....	\$16,821 37
Wages.....	95,576 03
Provisions and stores.....	80,694 12
Ordinary repairs.....	5,772 78
Farm and grounds.....	5,125 35
Clothing.....	12,947 12
Furniture and bedding.....	9,653 01
Books and stationery.....	2,169 07
Fuel and light.....	41,950 23
Medical supplies.....	2,700 86
Miscellaneous expenses.....	5,806 92
Transportation of patients.....	3,873 78
Total.....	\$283,090 64

St. Lawrence State Hospital—Annual Report

Monthly audit of vouchers, with classification, year ending September 30, 1897.

CLASSIFICATION.	October.	November.	December.	January.	February.	March.	April.
Officers' salaries.....	\$1,081 66	\$1,106 66	\$1,406 66	\$1,406 66	\$1,433 67	\$1,433 67	\$1,412 01
Wages.....	7,793 87	7,840 13	7,867 83	7,833 73	7,973 69	7,858 46	7,933 04
Provisions and stores.....	10,565 07	6,071 90	6,445 90	5,331 94	6,150 12	7,249 13	7,069 95
Ordinary repairs.....	848 37	553 66	531 36	780 96	533 85	597 43	418 77
Farm and grounds.....	565 77	514 63	886 94	251 57	107 36	523 33	816 85
Clothing.....	1,453 76	1,923 45	1,831 96	1,505 43	1,067 43	1,123 68	945 97
Furniture and bedding.....	799 41	606 71	1,115 37	2,018 78	871 63	663 09	736 12
Books and stationery.....	218 96	295 16	349 26	369 78	197 44	77 71	136 98
Fuel and light.....	5,633 33	5,869 80	4,337 52	4,663 53	4,807 21	4,497 96	3,955 99
Medical supplies.....	403 53	276 06	406 83	122 45	360 95	171 76	251 25
Miscellaneous expense.....	433 30	350 69	476 88	510 80	433 13	401 88	773 63
Transportation, patients.....	276 38	431 34	537 69	210 96	410 00	346 33	354 48
Total.....	\$30,417 59	\$35,800 99	\$36,011 33	\$36,512 91	\$34,276 15	\$35,061 97	\$34,733 30

St. Lawrence State Hospital—Annual Report

Monthly audit of vouchers, with classification, year ending September 30, 1897—(Concluded).

CLASSIFICATION.	May.	June.	July.	August.	September.	Total.
Officers' salaries	\$1,442 01	\$1,453 01	\$1,553 01	\$1,552 01	\$1,550 34	\$16,831 37
Wages	8,033 83	8,027 17	8,024 86	8,062 23	8,046 10	96,576 03
Provisions and stores	10,180 23	6,977 26	4,782 67	4,705 73	4,214 30	80,694 13
Ordinary repairs	465 79	325 04	231 62	317 87	298 04	5,772 78
Farm and grounds	413 41	243 43	243 51	232 13	234 41	5,135 36
Clothing	962 05	437 60	330 33	224 99	908 51	12,917 12
Furniture and bedding	408 59	331 23	439 81	415 89	435 43	9,603 01
Books and stationery	223 08	106 78	111 61	78 08	114 48	2,169 07
Fuel and light	2,997 19	927 45	1,345 53	1,318 98	9,137 03	41,950 23
Medical supplies	213 32	178 84	164 30	175 70	68 98	2,700 86
Miscellaneous expenses	543 50	632 64	439 11	368 72	453 54	5,806 93
Transportation, patients	261 41	331 50	337 09	309 60	466 78	3,873 78
Total	\$26,068 76	\$19,931 54	\$15,047 50	\$17,711 96	\$18,976 83	\$233,090 64

St. Lawrence State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
Remaining October 1, 1896	633	635	1,268
Admitted during the year ending September 30, 1897:			
From residences on original commitments..	146	108	254
By transfers on original commitments from county houses.....	1	2	3
By transfers from other institutions for insane.....	41	.....	41
Total number under treatment during year ..	821	745	1,566
Daily average population.....	679.98	651.92	1,331.9
Capacity of institution	698	638	1,336
Discharged during the year:			
As recovered	34	26	60
As improved.....	19	18	37
As unimproved.....	11	4	15
As not insane.....	1	1	2
Died	50	31	81
Whole number discharged during the year...	115	80	195
Remaining October 1, 1897	706	665	1,371

St. Lawrence State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening.....	December 9, 1890
Total acreage of grounds and buildings.....	990
Value of real estate, including buildings.....	\$2,296,343 00
Value of personal property	107,301 00
Acreage under cultivation	427

Receipts during year:

Balance on hand September 30, 1896.....	\$4,079 83
From State Treasury for maintenance on estimates 1 to 12 inclusive.....	268,718 14
From private patients	2,655 55
From reimbursing patients.	7,494 52
From all other sources.....	2,616 56

Total receipts for maintenance.....	<u>\$285,564 60</u>
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Total receipts from State Commission in Lunacy for extraordinary improvements, including interest and balance on hand September 30, 1896.....	<u>\$131,178 18</u>
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Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$16,821 37
Estimate No. 2. For wages	95,576 03
Estimate No. 3. For provisions and stores.....	80,694 12
Estimate No. 4. For ordinary repairs.....	5,772 78
Estimate No. 5. For farm and grounds	5,125 35
Estimate No. 6. For clothing.....	12,947 12
Estimate No. 7. For furniture and bedding.....	9,653 01
Estimate No. 8. For books and stationery.....	2,169 07
Estimate No. 9. For fuel and light.....	41,950 23
Estimate No. 10. For medical supplies.....	2,700 86
Estimate No. 11. For miscellaneous expenses.....	5,806 92
Estimate No. 12. For transportation	3,873 78

Total disbursements, estimates 1 to 12 inclusive,	<u>\$283,090 64</u>
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St. Lawrence State Hospital—Annual Report

Table No. 2—(Concluded).

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy.....	\$131,160 01
Balances October 1, 1897:	
General maintenance fund	2,473 96
Apportionments by State Commission in Lunacy for extraordinary improvements.....	18 17
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	4.087
Maximum rate of wages paid attendants:	
Men.....	30 00 per mo.
Women.....	29 00 per mo.
Minimum rate of wages paid attendants:	
Men.....	20 00 per mo.
Women.....	14 00 per mo.
*Proportion of day attendants to average daily population.....	1 to 7.46
Proportion of night attendants to average daily population.....	1 to 46.6
Percentage of daily patient population engaged in some kind of useful occupation.....	70.79
Estimated value of farm and garden products during year.....	\$26,957 98
Estimated value of articles made or manufactured by patients during year.....	19,869 58

*Includes ward, dining-room and clothing attendants.

St. Lawrence State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	6	8	14	3	4	7	7
Mental strain, worry and overwork (not included in above)..	4	7	11	4	3	7	4
Religious excitement.	5	5	10	4	3	7	3
Love affairs (including seduction).....	....	1	1	....	1	1	....
Fright and nervous shock.....	3	6	9	....	4	4	5
Physical:							
Intemperance	21	1	22	10	1	11	11
Venereal diseases....	11	3	14	3	....	3	11
Masturbation.....	14	....	14	10	....	10	4
Sunstroke.....	3	....	3	1	....	1	2
Accident or injury..	6	2	8	2	....	2	6
Pregnancy .....	....	1	1	....	1	1	....
Parturition and puerperium .....	....	5	5	....	2	2	3
Lactation .....	....	1	1	....	1	1	....
Change of life.....	....	7	7	....	2	2	5
Fevers.....	....	3	3	....	2	2	1
Epilepsy.....	3	3	6	1	1	2	4
Other convulsive disorders.....	2	....	2	2	....	2	....
Diseases of skull and brain	7	1	8	3	1	4	4
Old age.....	5	3	8	2	....	2	6
Epidemic influenza ..	9	6	15	2	5	7	8
All other bodily disorders and ill health	11	13	24	2	4	6	18
Heredity.....	22	7	29	22	7	29	....
Unascertained	55	26	81	6	8	14	67
Not insane.....	*1	†1	2	....	1	1	1
Total	183	110	293	77	51	128	170

*Inebriate. †Imbecile.

St. Lawrence State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since December
9, 1890.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died
Mania, acute delirious.....	1	.....	1	†1	.....	1
Mania, acute.....	57	25	....	488	241	35
Mania, recurrent.....	8	4	2	40	14	2
Mania, chronic.....	24	.....	8	336	5	52
Melancholia, acute.....	44	20	6	344	136	47
Melancholia, simple.....	12	11	3	127	49	6
Melancholia, chronic.....	18	.....	7	194	2	32
Alternating (circular) insanity.	1	.....	.....	5	.....	.....
Paranoia.....	21	.....	.....	†21	.....	.....
General paralysis.....	14	.....	9	119	1	82
Dementia, primary.....	7	.....	.....	54	5	20
Dementia, terminal.....	76	.....	41	876	.....	239
Epilepsy with insanity.....	7	.....	4	131	4	34
Imbecility with maniacal at- tacks.....	5	.....	.....	70	.....	6
Idiocy.....	1	.....	.....	28	.....	2
Not insane*.....	2	.....	.....	25	.....	1
Total.....	298	60	81	2,859	457	559

* Includes cases of alcoholism, drug habit, etc.
to this year.

† Not recognized as distinct classes previous
to this year.

St. Lawrence State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
CURABLE CONDITIONS.	17	6	23	27	24	51	44	30	74
	1	2	3	1	1	2	2	3	5
	.....	.....	.....	1	1	2	1	1	2
{ First admission.....	16	8	24	39	8	47	55	16	71
{ Second admission....	1	3	4	7	3	10	8	6	14
{ Third admission....	2	.....	2	4	.....	4	6	.....	6
{ First admission....	3	.....	3	2	5	7	5	5	10
{ Second admission....	.....	.....	.....	1	.....	1	1	.....	1
{ Third admission....	.....	.....	.....	.....	.....	.....	.....	.....	.....

St. Lawrence State Hospital—Annual Report

Table No. 5—(Continued).

CURABLE CONDITIONS.		LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED.														BETWEEN 5 AND 10 YEARS.				FROM 4 TO 5 YEARS.		FROM 3 TO 4 YEARS.		FROM 2 TO 3 YEARS.		FROM 1 TO 2 YEARS.		FROM 3 MONTHS TO 1 YEAR.		UNDER 3 MONTHS.		AVERAGE LENGTH OF IMMUNITY.			
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.				
Melancholia in acute forms.	First ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad- mission.	...	...	...	...	1	...	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	6
	Third ad- mission.	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	8
Mania in acute forms.	First ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad- mission.	...	...	3	2	3	2	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	6
	Third ad- mission.	...	...	...	...	2	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...
All other cur- able forms.	First ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad- mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Third ad- mission.	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

St. Lawrence State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	12	13	25	...	8.6	...	5.3	5	2	7	8	3	11	19	12	31
Second admission.	1	2	3	2	8	...	9.2	...	...	...	...	1	1	...	1	1
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1
Mania in acute forms.	16	6	22	...	7.1	...	8.5	2	...	2	18	3	21	19	7	26
Second admission.	5	4	9	...	8.3	1	2	1	...	1	...	1	1	19	1	20
Third admission.	...	...	...	...	...	...	...	1	...	1	2	...	3	3	...	3
All other curable forms.	...	...	...	...	...	...	...	...	...	...	3	3	6	2	2	4
First admission.	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Second admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

St. Lawrence State Hospital—Annual Report

TABLE No. 6.

Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since December 9, 1890.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE DECEMBER 9, 1890.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	15	6	21	.....	.....	.....	108	72	180	6	1	7
One to three months	9	4	13	2	1	3	61	51	112	57	46	103
Three to six months	4	8	12	14	12	26	26	34	60	91	86	177
Six to nine months	3	3	6	8	5	13	17	15	32	43	32	75
Nine months to one year	1	1	2	4	.....	4	5	2	7	23	9	32
One year to eighteen months ..	2	2	4	3	4	7	12	11	23	19	9	28
Eighteen months to two years,	.....	.....	.....	.....	2	2	2	1	3	4	5	9
Two to three years .....	.....	.....	.....	3	2	5	4	8	12	10	12	22
Three to four years .....	.....	.....	.....	.....	.....	.....	.....	1	1	1	1	2
Four to five years .....	.....	1	1	.....	.....	.....	1	2	3	2	.....	2
Five to ten years .....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	2	1	3	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained .....	.....	1	1	.....	.....	.....	16	3	19	.....	.....	.....
Total	34	26	60	34	26	60	256	201	457	256	201	457

St. Lawrence State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and since December 9, 1890.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Cerebral diseases:						
Apoplexy and paralysis.....	4	2	6	24	12	36
Epilepsy and convulsions	2	1	3	7	9	16
General paralysis	4	....	4	63	7	70
Exhaustion of mania and melan- cholia.....	1	....	1	12	21	33
Inflammation and other diseases of brain, tumor, softening, etc.	1	....	1	17	22	39
Thoracic diseases:						
Inflammation of lungs, pleura, bronchi	12	4	16	50	23	73
Pulmonary gangrene .....	....	....	....	....	1	1
Disease of heart and blood vessels.	3	4	7	23	21	44
Abdominal diseases:						
Inflammation of stomach and in- testines	1	1	2	12	12	24
Dysentery and diarrhoea.....	....	....	....	10	15	25
Diseases of kidneys.....	6	9	15	30	29	59
Disease of bladder and prostrate ..	....	....	....	3	....	3
Diseases of liver	1	....	1	5	2	7
Tumor, strictures, hernia.....	1	....	1	3	4	7
Tubercular peritonitis.....	2	....	2	2	....	2
General diseases:						
Tuberculosis and phthisis	2	5	7	24	18	42
Epidemic influenza .....	....	1	1	1	5	6
Typhoid fever	2	....	2	9	4	13
Purpura hemorrhagica.....	....	....	....	....	1	1
Pernicious anemia.....	....	....	....	1	....	1
Erysipelas	1	....	1	4	3	7
Senile gangrene.....	....	....	....	....	1	1
Debility of old age	1	1	2	8	17	25
Marasmus	1	2	3	1	2	3
Pyemia	1	....	1	1	....	1
Accident .....	....	....	....	1	5	6
Suicide	1	....	1	6	....	6
Diabetes mellitus .....	....	....	....	....	1	1
Debility following injury .....	....	....	....	1	2	3
Septicemia	3	....	3	3	....	3
Asthenia .....	....	1	1	....	1	1
Total	50	31	81	321	238	559

St. Lawrence State Hospital—Annual Report

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since December 9, 1890.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	27	18	45	153	116	269
Maternal branch.....	25	15	40	163	143	306
Paternal and maternal branches	6	2	8	18	26	44
Collateral branches	17	18	35	159	121	280
No hereditary tendency..	63	49	112	511	442	953
Unascertained	50	8	58	542	465	1,007
Total	188	110	298	1,546	1,313	2,859

St. Lawrence State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since December 9, 1890.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	87	32	119	756	528	1,284
Married	85	57	142	629	563	1,192
Widowed	12	19	31	129	199	328
Divorced	2	2	4	5	9	14
Unascertained	2	.....	2	27	14	41
Total	188	110	298	1,546	1,313	2,859

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since December 9, 1890.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	5	1	6	24	4	28
Academic	7	7	14	70	98	168
Common school	114	78	192	819	677	1,496
Read and write .....	.....	1	1	36	12	48
Read only	5	10	15	88	84	172
No education	13	7	20	109	132	241
Unascertained	44	6	50	400	306	706
Total	188	110	298	1,546	1,313	2,859

St. Lawrence State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
During the Current Year and Since December 9, 1890.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	DURATION PREVIOUS TO ADMISSION.			DURATION PREVIOUS TO ADMISSION.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	3	3	6	31	21	52
One to three months.....	3	.....	3	32	23	55
Three to six months.....	5	1	6	23	11	34
Six to nine months.....	2	2	4	16	7	23
Nine months to one year.....	.....	2	2	11	11	22
One year to eighteen months..	9	2	11	23	17	40
Eighteen months to two years.	3	.....	3	14	5	19
Two to three years.....	5	1	6	29	16	45
Three to four years.....	3	5	8	18	18	36
Four to six years.....	3	1	4	17	12	29
Six to ten years.....	3	3	6	20	10	30
Ten to twenty years.....	6	4	10	5	8	13
Twenty years and over.....	1	4	5	.....	.....	.....
Not insane*.....	1	1	2	1	1	2
Unascertained.....	3	2	5	46	35	81
Total.....	50	31	81	321	239	560
Average duration of insane life (give years and tenths).....	4.9 10.7 7.1			4.1 7.0 5.1		

* Includes cases of alcoholism, drug habit, etc.

St. Lawrence State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since December 9, 1890.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years.....						
From 10 to 15 years.....				5	4	9
From 15 to 20 years.....	7	4	11	50	43	93
From 20 to 25 years.....	16	6	22	118	91	209
From 25 to 30 years.....	17	7	24	143	128	271
From 30 to 35 years.....	28	14	42	41	23	64
From 35 to 40 years.....	21	17	38	345	277	622
From 40 to 50 years.....	28	24	52	318	298	616
From 50 to 60 years.....	40	18	58	244	227	471
From 60 to 70 years.....	13	12	25	152	124	276
From 70 to 80 years.....	15	3	18	100	68	168
From 80 to 90 years.....	3	5	8	28	9	37
Unascertained				2	21	23
Total	188	110	298	1,546	1,313	2,859

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since December 9, 1890.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years.....		4	4	16	15	31
From 20 to 30 years.....	8	4	12	71	56	127
From 30 to 40 years.....	15	7	22	50	49	99
From 40 to 50 years.....	6	6	12	63	43	106
From 50 to 60 years.....	3	2	5	39	25	64
From 60 to 70 years.....	1	3	4	14	11	25
From 70 to 80 years.....	1	.....	1	3	2	5
Total	34	26	60	256	201	457

St. Lawrence State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since December 9, 1890.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years.....					1	1
From 15 to 20 years.....					1	1
From 20 to 25 years.....		3	3	5	9	14
From 25 to 30 years.....	3	2	5	9	13	22
From 30 to 35 years.....	2		2	31	9	40
From 35 to 40 years.....	2	1	3	30	18	48
From 40 to 50 years.....	8	5	13	69	46	115
From 50 to 60 years.....	8	4	12	58	54	112
From 60 to 70 years.....	9	9	18	50	37	87
From 70 to 80 years.....	15	3	18	51	32	83
From 80 to 90 years.....	3	4	7	18	18	36
Total	50	31	81	321	238	559

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	28	10	38
One to three months.....	23	20	43
Three to six months.....	19	16	35
Six to nine months.....	11	6	17
Nine months to one year.....	5	11	16
One year to eighteen months.....	21	7	28
Eighteen months to two years.....	5	5	10
Two to three years.....	12	3	15
Three to four years.....	8	4	12
Four to five years.....	8	7	15
Five to ten years.....	11	9	20
Ten to fifteen years.....	15	3	18
Fifteen to twenty years.....	13	4	17
Twenty to thirty years.....	4	2	6
Thirty years and upwards.....	2	1	3
Not insane*.....	1	1	2
Unascertained.....	2	1	3
Total	188	110	298

* Includes cases of alcoholism, morphia habit, etc.

St. Lawrence State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	15	9	24
One to three months.....	11	10	21
Three to six months.....	37	25	62
Six to nine months.....	60	24	84
Nine months to one year.....	3	6	9
One year to eighteen months.....	43	39	82
Eighteen months to two years.....	59	53	112
Two to three years.....	154	118	267
Three to four years.....	135	154	289
Four to five years.....	40	59	99
Five to ten years.....	149	173	322
Total.....	706	665	1,371

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year and Since December 9, 1890.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional : Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.....	7	.....	7	37	1	38
Commercial : Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.....	25	.....	25	140	8	148

St. Lawrence State Hospital—Annual Report

Table No. 17 —(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1899.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pas- toral:						
Farmers, gardeners, herds- men, etc.....	38	.....	38	374	4	378
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine fitters, sawyers, painters, police, etc....	36	.....	36	226	.....	226
Mechanics, etc., at sed- entary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	21	.....	21	145	3	148
Domestic service:						
Waiters, cooks, servants, etc.....	.....	22	22	25	450	475
Educational and high- er domestic duties:						
Governesses, teachers, stu- dents, house-keepers, nurses, etc.....	.....	74	74	12	602	614
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc.....	.....	1	1	.....	6	6
Employed in seden- tary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	.....	6	6	6	55	61
Miners, seamen, etc.....	4	.....	4	10	.....	10
Prostitutes.....	.....	.....	.....	.....	4	4
Laborers.....	42	.....	42	449	.....	449
No occupation.....	12	6	18	69	121	190
Unascertained.....	3	1	4	53	59	112
Total.....	188	110	298	1,546	1,313	2,859

St. Lawrence State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since December 9, 1890.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE DECEMBER 9, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.
Austria-Hungary				1	1	2
Bavaria				2		2
Belgium				2		2
Canada	14	11	25	98	104	202
Cuba	3		3	3		3
China	1		1	1		1
England	7	2	9	43	26	69
France	1		1	5	3	8
Germany	13	4	17	75	76	151
Hungary				3	1	4
Ireland	9	13	22	172	209	381
Italy	5		5	8	1	9
Norway				1		1
Poland	1		1	3	3	6
Russia	4		4	12	3	15
Scotland	1		1	4	8	12
Sweden				1	1	2
Spain				1		1
Switzerland		1	1	4	2	6
United States	127	77	204	1,000	782	1,782
Unascertained	1	1	2	103	88	191
Wales		1	1	2	3	5
West Indies	1		1	2	1	3
Born on shipboard					1	1
Total	183	110	298	1,546	1,313	2,859

Of the total number admitted since the 9th of December, 1890, the parents of 40.5 per cent. were both of foreign birth.

In 4.8 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2.5 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

St. Lawrence State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany			
Allegany			
Broome			
Cattaraugus			
Cayuga			
Chautauqua			
Chemung			
Chenango			
Clinton	13		13
Columbia			
Cortland			
Delaware			
Dutchess			
Erie		1	1
Essex	5		5
Franklin	16		16
Fulton			
Genesee			
Greene			
Hamilton			
Herkimer			
Jefferson	31	2	33
Kings			
Lewis	17		17
Livingston			
Madison			
Monroe			
Montgomery			
New York	40		40
Niagara			
Oneida			
Onondaga	79		79
Ontario			
Orange			
Orleans			
Oswego	35		35
Otsego			
Putnam			
Queens			
Rensselaer			
Richmond			

St. Lawrence State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
Rockland			
St. Lawrence	58		58
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk			
Sullivan			
Tioga			
Tompkins			
Ulster			
Warren			
Washington			
Wayne			
Westchester			
Wyoming			
Yates			
State patients	1		1
Soldiers' Home			
Total.....:	295	3	298

St. Lawrence State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany	32	8	35			
Allegany						
Broome	1		1			
Cattaraugus						
Cayuga						
Chautauqua						
Chemung						
Chenango						
Clinton	36	49	85			
Columbia	3	5	8			
Cortland						
Delaware						
Dutchess	4	9	13			
Erie	2		2	1		1
Essex	17	15	32			
Franklin	17	23	40			
Fulton	8		8			
Genesee						
Greene						
Hamilton						
Herkimer	8		8			
Jefferson	63	75	138			
Kings	3	4	7			
Lewis	44	30	74			
Livingston						
Madison		2	2			
Monroe	1		1			
Montgomery		1	1			
New York	48	6	54			
Niagara						
Oneida	7	11	18			
Onondaga	127	152	279	2		2
Ontario						
Orange						
Orleans		1	1			
Oswego	81	94	175		1	1
Otsego						
Putnam						
Queens	2	10	12			
Rensselaer	21	24	45			
Richmond	1	2	3			

St. Lawrence State Hospital—Annual Report

Table No. 20 —(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland		2	2			
St. Lawrence	82	97	179	1	2	3
Saratoga	23	1	24			
Schenectady						
Schoharie						
Schuyler						
Seneca		1	1			
Steuben	1		1			
Suffolk		1	1			
Sullivan						
Tioga						
Tompkins						
Ulster	6	1	7			
Warren	15	6	21			
Washington	4	5	9			
Wayne						
Westchester	12	10	22			
Wyoming						
Yates	1		1			
Unascertained	32	22	54			
Total	702	662	1,364	4	3	7

SEVENTH ANNUAL REPORT

OF THE

Managers of the Rochester
State Hospital.

1920

NINTH ANNUAL REPORT OF THE

CHAPTER 38

Seventh Annual Report of the Managers of the Rochester State Hospital

BOARD OF MANAGERS.

FREDERICK COOK	Rochester, N. Y.
WILLIAM MILLER	Rochester, N. Y.
GEORGE RAINES	Rochester, N. Y.
CHAUNCEY G. STARKWEATHER.....	Ridgeland, N. Y.
JANE E. ROCHESTER.....	Rochester, N. Y.
PERLEYETTE H. GRAHAM.....	Rochester, N. Y.
THOMAS A. O'HARE, M. D.....	Rochester, N. Y.

OFFICERS OF THE BOARD.

FREDERICK COOK	President.
E. H. HOWARD.....	Secretary.
F. P. ALLEN.....	Treasurer.

RESIDENT OFFICERS.

EUGENE H. HOWARD, M. D.....	Superintendent.
EZRA B. POTTER, M. D.....	First Assistant Physician.
FLAVIUS PACKER, M. D.....	Second Assistant Physician.
CHARLES T. LAMOURE, M. D....	Junior Assistant Physician.
EVALINE P. BALLINTINE, M. D.....	Woman Physician.
WILLIS S. REMINGTON.....	Steward.
MARY E. MAY.....	Matron.

COUNSEL.

JAMES M. E. O'GRADY.....	Rochester, N. Y.
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MANAGERS' REPORT

To the State Commission in Lunacy:

In accordance with chapter 545 of the Laws of 1896, the Board of Managers of the Rochester State Hospital respectfully submit their seventh annual report, accompanied with the reports of the superintendent, steward and treasurer.

The standing committees of the Board have maintained an effective inspection of the several branches of the hospital, have directed the repairs of the buildings and the improvement of the grounds, have guided the methods of supplying the needs of the hospital by purchases based upon competitive bids, and have compared the reports of the treasurer with the books and vouchers and verified the result by comparison with the books of the steward.

The special committees have, in consultation with the Commission and other State hospitals, arranged for the joint purchase of uniform supplies as required by statute, and have through the hospital attorney conducted condemnation proceedings looking to the acquirement of 120 acres of adjoining land, known as the Schnackey, Brighton-well and Boothe properties, in accordance with the plans for the establishment of the hospital which have been fully set forth in our former annual reports.

The expenditures for maintenance during the year are classified as follows:

	Total cost.
(1) Officers' salaries	\$15,561 49
(2) Wages	39,793 72
(3) Provisions and stores.....	31,598 18
(4) Ordinary repairs	2,183 78
(5) Farm and grounds.....	7,208 49
(6) Clothing	5,165 13
(7) Furniture and bedding.....	4,504 34
(8) Books and stationery.....	1,417 51
(9) Fuel and light.....	11,492 97

Rochester State Hospital—Annual Report

(10) Medical supplies.....	\$851 50
(11) Miscellaneous expenses	3,155 55
(12) Transportation of patients.....	250 71
<hr/>	
Total	\$123,183 37
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Average daily population, 522.5.

Weekly per capita cost, \$4.533.

This table shows a reduction in the weekly per capita cost from \$4.746, of last year, to \$4.533, which is largely due to an increase in the average daily population from 492 to 522.5.

We have given special consideration to the condition of the buildings, as to the need of repairs and improvements in sanitary arrangements. The centre and southern portion, occupied by the men patients, is of much better construction than the old county buildings which make the northern portion and are occupied by the women patients.

In the male department the renovation of the heating and ventilation of the east building for the purpose of improving its sanitary condition is an immediate necessity. The question has been referred to the State Architect's office, and we expect that its report will reach the Commission in a short time.

Steel ceilings should replace the cracking plaster in the corridors, as they are more cleanly and durable.

The placing of spray-bath mixers in the women's lavatories is much needed as the present mixing-pipes change from warm to hot or cold spray so unexpectedly as to be a source of danger to the patients as well as detracting from the comfort of the bath. The use of porcelain instead of wood rims in the closets is recommended for sanitary reasons.

New clocks should be put up on the wards and in the several departments in such a manner that uniform time is assured, thereby relieving the present confusion.

The need of a chemical and pathological laboratory is urgent and is apparent to any physician and we believe that the medi-

Rochester State Hospital—Annual Report

cal officers do better work when supplied with proper equipment, such as has been found appropriate for a State hospital.

For the sake of cleanliness and to facilitate the work in one of the most important departments, we urge that a dough-kneading machine be placed in the bakery. A revolving shaft, to furnish power, now passes through the room.

An addition should be made to the green house. Different plants and flowers need different degrees of heat which can only be secured in separate rooms, and the present green house is too small.

The eastern lawn has now been graded and many young trees set out. At least three small summer houses should be erected on this lawn in the early spring, as the trees will not furnish shade for many years.

The northern portion of the female department is in need of thorough renovation. The heating of this portion of the building is by direct radiation with old radiators and steam-pipes that have been added to from year to year in the process of the construction of the buildings, piece by piece. There is no system of ventilation. The entire female department is covered with a mansard roof, which is a constant menace, being constructed of inflammable materials. It is requested that as soon as possible plans be perfected for the entire remodelling of this portion of the old building, the introduction of a modern system of heating and ventilation and the substitution of a slate and iron roof for the mansard story. To do this work it will be necessary to find temporary accommodations for the 150 patients now occupying this portion of the building.

On account of the constant danger from fire, an automatic sprinkling apparatus should be placed in the attics and basements of the whole institution. The day rooms and dormitories are well protected by appliances conveniently located for immediate use, but the portions of the buildings not constantly occupied are practically unprotected.

Arrangements should be perfected for the erection of two nurses' homes. At present the nurses and employes are living in

Rochester State Hospital—Annual Report

rented cottages and in rooms scattered about in the wards and basements. The expensiveness and undesirability of this arrangement is self-evident.

Fire-proof hospital buildings for each sex should be constructed for the special care and treatment of acute and recoverable cases, as thusfar no adequate or appropriate buildings have been erected at this hospital for the care of any but a quiet, chronic, demented class of patients.

The inflammable and unsightly buildings now used as shops for the painter and carpenter should be removed from the eastern lawn and a brick building erected to provide for these and the other industries which are now crowded into dark and cheerless basements.

A hosehouse with a suitable fire-alarm system is needed to give us confidence that the present apparatus would reach a fire in time to be of value in saving patients or property.

We would suggest that a competent engineer be employed to ascertain and report in detail, relative to the feasibility of using the water from the Brighton wells.

The general management of the hospital is worthy of commendation, but will necessarily be unsatisfactory in many ways until better structural facilities are provided for the employment of male patients and for the separate care of acute cases as outlined in the body of this report.

Adopted October 18, 1897.

Respectfully submitted,

FREDERICK COOK,

President.

JANE E. ROCHESTER,

GEORGE RAINES,

THOMAS A. O'HARE,

PERLEYETTE H. GRAHAM,

WILLIAM MILLER,

CHAUNCEY G. STARKWEATHER.

TREASURER'S REPORT

To the Board of Managers:

The treasurer respectfully submits the following statement, including the per capita weekly cost for the year ending September 30, 1897:

RECEIPTS — SPECIAL FUNDS.

From State Treasurer, on account of allotment for extraordinary improvements made by State Commission in Lunacy (chapter 693, Laws of 1895)....	\$5,350 40
Total from special funds.....	\$5,350 40

RECEIPTS — MAINTENANCE FUND.

Balance from old account.....	\$1,302 74
From State Treasurer, for maintenance (chapter 214, Laws of 1893, and chapter 545, Laws of 1896),	114,682 73
From private patients.....	1,267 97
From reimbursing patients.....	5,763 17
From the steward, for the sale of farm produce, old material, etc.....	1,532 99
From German-American Bank, for interest on funds,	146 10
	\$124,695 70

EXPENDITURE — SPECIAL FUNDS.

For extraordinary improvements.....	\$5,350 40
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EXPENDITURES — MAINTENANCE FUND.

For salaries.....	\$15,561 49
For wages.....	39,793 72

Rochester State Hospital—Annual Report

For provisions and stores.....	\$31,598 18
For ordinary repairs.....	2,183 73
For farm and grounds.....	7,208 49
For clothing.....	5,165 13
For furniture and bedding.....	4,504 34
For books and stationery.....	1,417 51
For fuel and light.....	11,492 97
For medical supplies.....	851 50
For miscellaneous expenses.....	3,155 55
For transportation of patients.....	250 71
	<hr/>
	\$123,183 37
Balance on hand to new account.....	1,512 33
	<hr/>
	\$124,695 70
	<hr/> <hr/>

Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive, and exclusive of payments from surplus and other funds... \$4,533 00

SUPERINTENDENT'S REPORT*To the Board of Managers:*

The Superintendent of the Rochester State Hospital, in compliance with the provisions of chapter 545, Laws of 1896, makes the following report of its operations for the year ending September 30, 1897, together with suggestions and comments which appear to him to be for the welfare of the institution.

At the beginning of the fiscal year there were 491 patients in the hospital—239 men and 252 women. During the year 183 patients were admitted. The average daily population of the hospital was 522. There have been 45 deaths. Of the 151 patients discharged, 34 had recovered. At the close of the fiscal year there remained in the hospital 523 patients—270 men and 253 women.

Rochester State Hospital—Annual Report

During the year 11 were admitted by transfer and 21 were discharged to the custody of other State hospitals.

Among the causes assigned for the insanity of the 183 admissions the physical, including bodily disorders and ill-health, was accountable for 153, while the moral, including worry, excitement and shock, was operative in only 30 cases. Of these 30 cases assigned to moral causes more than one-half were due to mental strain, worry and overwork. Among the 153 cases assigned to physical causes less than one-third were due to intemperance and allied causes. Approximately, one-third of all these admissions were cases due to what are considered by many as preventable causes.

Among the different forms of insanity from which the 183 admission were suffering, acute mania existed in 40, acute melancholia in 25, general paralysis and other forms of insanity promising little or no hope of recovery in 118 cases. With such a small proportion of admissions of recoverable forms of mental unsoundness it is easy to understand why only 34 recoveries are noted as the result of the year's work. In this connection it should be remembered that in addition to those recovered, 43 patients were discharged whose condition had so far improved as to enable them to live at home, while of the 29 discharged unimproved, 21 were transferred to other institutions for the insane. It is interesting to note that of the 34 patients who recovered during the year, 24 had been insane less than a year prior to their admission, and 27 were under treatment at the hospital for a period of less than one year. This condition of brief duration of insanity, previous to admission, followed by a short period under treatment at the hospital, has prevailed from year to year since the opening of the institution. In tabulating the same inquiry, relative to the patients who died during the year and since the opening of the institution, the opposite condition is noted, namely: That much the larger proportion were insane for a longer period than a year previous to admission, and that the period under treatment at the hospital was for a much longer time.

Rochester State Hospital—Annual Report

Hereditary tendency to insanity was found to exist in 61 of the 183 cases admitted during the year, paternal branch in 15, maternal branch in 10, both branches in 1, and collateral branch in 35, while there existed no discoverable hereditary tendency in 79, and in 43 cases the question could not be ascertained.

Of the 523 patients in the hospital at the close of the year a large proportion have been in the institution for a period of more than ten years, while 76 have resided there for upward of twenty years.

It is a remarkable fact that more than one-half of the patients admitted since the opening of the institution are foreign born. This proportion must be even greater from districts situated nearer the ports of immigration. During the year 30 of those admitted were over sixty years of age. The tendency to undertake to secure the commitment of persons in advanced years to institutions for the care of the insane appears to be increasing. While some of these patients are without home or relatives to care for them it is matter for regret that the eccentricities and defects of senility should result in the commitment of people in their dotage to an institution for the care of the insane.

METHODS OF TREATMENT EMPLOYED.

Methods of treatment during the past year have continued on the same lines as heretofore, with special efforts on the part of the medical staff to keep in line with the advancement everywhere being made in all departments of medicine and surgery.

This hospital is lacking in proper structural facilities for the special care of the recoverable cases and a satisfactory report under the above heading cannot be made until separate buildings, one for each sex, have been erected for this purpose. They should accommodate about thirty patients each. All acute cases should be received at these buildings and treated there until every effort has been made to promote their recovery. Outlying wards for the care of the feeble and infirm might be erected in connection with the culinary department for these buildings, as

Rochester State Hospital—Annual Report

that class of patients require facilities for nursing and special diet which are not provided in the main building.

Dr. Robert L. Carson, as visiting ophthalmologist, has given his special attention to the acute cases and those suffering from defects of vision with gratifying results. The wisdom of the appointment of such a specialist has never been questioned. Certain mental conditions and degenerative changes being indicated by eye-changes which frequently appear early in the disease, even before other symptoms are marked, evidencing the necessity for careful and accurate examination of the eye in cases of insanity.

The weekly visits of the dentist has done much to add to the comfort and health of the patients.

Interest has been stimulated among the medical officers encouraging clinical research and observations which have been aided by voluntary consultation visits by specialists residing in Rochester.

AMUSEMENTS.

The following provisions have been made during the year for the amusement of the patients:

Musical.—Prof. Ferguson and pupils.

Recitations and music.—Miss Stone.

Musical.—Miss M. A. Wilder and pupils.

Vaudeville.—Liberty family.

Recitations and music.—Miss F. Beach.

Musical.—Miss A. E. Hall.

Tricks of magic.—Prof. Hurd.

Recitations and music.—Dr. Dolly and party.

Recitations and music.—Mr. W. Miller and party.

Stereopticon views.—Dr. Weigel.

Musical.—Trinity church.

Athletics.—Y. M. C. A. of Rochester.

Tableaux.—Mrs. Arnold and pupils.

Recitations and music.—Dr. Ingersoll.

Views of Athens.—Miss Strong.

Rochester State Hospital—Annual Report

Song service.—St. Mark's church choir.

Country school.—West Brighton Sunday school.

Recitations and songs.—German Theological students.

Musicale.—Mr. N. W. Smith.

Legerdemain.—Prof. and Mrs. Geo. Queen.

Musicale.—Mrs. Sherman.

Lady troubadors.—Mrs. J. H. Burden.

Musicale.—Miss Whitehouse.

Masquerade ball.

Chalk talk.—Prof. G. Little.

Entertainment.—Pupils of No. 13 school.

Exhibition of the Graphophone.—Mr. H. Amsden.

Entertainment.—Miss Barton.

Entertainment.—Rhea Dramatic club.

Musicale.—Miss Whitehouse and pupils.

Recitations.—Burdette Edgett.

The weekly dances, parties, lectures, concerts and theatricals have tended to shorten the hours each week during the inclement season, while a variety of out-door sports and concerts, with walks and drives, have constantly brightened the dull lives of our patients.

The school for the instruction of patients in the rudimentary branches has been continued during the year, while classes in calisthenics for both men and women have been added.

The choir and orchestra are composed of residents of the hospital.

Two thousand six hundred and thirty-six potted plants and 116,370 cut flowers have been distributed on the wards during the year.

OCCUPATION.

All of the patients excepting those in need of enforced rest have been daily engaged in some useful occupation.

In addition to the large amount of work in and about the buildings, on the grounds, garden and farm, there have been

Rochester State Hospital—Annual Report

36,426 articles made and 220,315 articles repaired in the industrial departments.

The degree of success maintained by the industrial branches in giving occupation to a large proportion of the patients has been gratifying. The women have very comfortable and cheerful places for their indoor work. It is not so with the men. The carpenter shop is an old barn. The painting and varnishing is done in an abandoned piggery. The shoe shop, upholsterer's and tailor's shops are in dark and gloomy basements. Another basement has to serve as a general work room during inclement weather, where, for want of a better place, the large outdoor working party of the summer months have been furnished indoor employment at picking beans. In prosecuting these industries cheerful and well-ventilated work rooms are as needful as watchful supervision by the medical officers, to the end that their therapeutical value to the individual patient be at all times the paramount consideration.

TRAINING SCHOOL.

The curriculum of the training school includes three courses: class-room work, clinical instruction and industrial department work.

Class-room work consists of lectures, quizzes, recitations and study of text-books. Special stress is laid upon instruction in psychology and mental diseases. This, of course, in an elementary form, but an effort is made to give the nurse an opportunity to acquire a knowledge of such psychological facts as can be made use of in caring for patients. They learn to observe and recognize symptoms of mental disease and to record the same intelligently.

Ward work consists in directing the details of the patients' daily life in conformity to the advice and direction of the medical officers, including, of course, the housekeeping of the ward and preserving order and decorum among the patients, seeing that they have sufficient exercise, recreation and employment, and

Rochester State Hospital—Annual Report

also in keeping a daily record of the life of each patient for the use of the physician.

Each industrial department, being in charge of a trained nurse, more intelligent instruction and companionship to the patients in this portion of their treatment is insured, and the patients themselves grasp more readily the idea that the work they do has a direct bearing on their improvement.

The establishment of a uniform course of instruction in the New York State hospitals is to be commended, and it is my belief that in the near future the present two years' course will be extended to three years. Post-graduate instruction for the nurses in charge of wards has been the custom in this hospital for several years. The regular school is supplemented by individual instruction in massage and a definite term of service by each nurse in the special diet kitchen and as an assistant in the dispensary.

IMPROVEMENTS.

In the lavatories and bath rooms marble bowls have replaced those of galvanized iron, and three of the wards have been supplied with new and improved spray bath apparatus.

Many of the rooms in the female department have been repainted and tinted.

Condemnation proceedings have been continued looking to the acquirement of 120 acres of adjoining land, including the Schnackey Brighton Well and Boothe properties.

The eastern lawns have been graded and 400 shade trees planted under the guidance of the park superintendent.

Plans and specifications have been approved and an allotment made for the erection of a new stairway at the entrance to the men's building which will greatly facilitate the work of the institution, in addition to improving the methods of egress in case of fire.

A series of photographs have been made by the photographer from the Utica State Hospital, which will serve a useful purpose in disseminating accurate information relative to the equipment of the hospital.

Rochester State Hospital—Annual Report

No new buildings for occupancy by patients were erected during the year owing to the insufficiency of land, but repairs, renewals and betterments have been continued in accordance with the needs of the institution.

SUGGESTIONS, COMMENTS, ETC.

In arranging for the purchase of adjoining land, the most important step has been taken in establishing the hospital on a permanent basis. As soon as this property is acquired a topographical survey should be made and definite plans agreed upon for the additions and improvements to be made thereon, including special hospital buildings, nurses' homes, work shops, hose house, cold storage plant, and a cottage for the isolation of contagious diseases.

The repairs and renewals, which are constantly needed on the main building, should be made with the understanding that the male department and rear-center are of recent construction and will probably be used for many years for the care of chronic patients, while the necessary repairs in the female department should be made with an appreciation of the fact that the southern portion will have to be entirely remodeled in the course of a few years, the mansard story replaced by a slate roof, the wooden lath replaced with furring blocks and steel ceilings, the old system of coils and radiators replaced with a modern system of heating and ventilation (which will necessitate the building of flues) and the construction of a solarium at the eastern end.

The east building of the male department is used for the care and treatment of feeble and infirm patients on the first floor, and the disturbed and homicidal on the second floor. The heating and ventilation has worked so imperfectly that during the winter weather the wards are malodorous. This can be remedied by supplementing the present system with a double fan which will force in the warm air and draw out the foul air so effectually that impurities will be immediately removed.

I would respectfully suggest the consideration of the following improvements for the coming year:

Rochester State Hospital—Annual Report

Steel ceilings in the corridors.....	\$645 00
A system of electric clocks.....	572 00
New spray-bath mixers in female department.....	258 00
Electric heating irons in laundry and tailor shop.....	324 00
A chemical and pathological laboratory.....	230 00
Mixing machinery for the bakery.....	350 00
A fire alarm system	1,100 00
Extension of walk and drive to the grove.....	1,360 00
An addition to the green-house.....	1,500 00
Three summer houses on the eastern lawn.....	1,675 00
A mortuary	2,856 00

Porcelain hoppers in lavatories.

Automatic sprinkling system for fire protection in basements and attics.

Sixteen acres building site—Schnackey property.

While the present water supply is of excellent quality, yet the quantity is limited by the fact that it must be paid for by the gallon and costs the hospital \$2,847 annually for its supply, which is constantly stinted. On the land to be acquired by the hospital is a field in which are located three wells that have been used recently as a supplemental water supply for the city of Rochester. The water from these wells could be pumped to a tank above the lavatory buildings and furnish, at a moderate cost, an unlimited supply, including what is needed during the dry season for the garden and lawns which now suffer from drought.

The steward's report shows that even with rented land and limited water supply the net proceeds to the hospital during the past year from the farm and garden has been \$2,395.52.

It is matter for congratulation that during the past year the hospital has been visited by many of the State officials interested in this department, while the board of managers and the State Commission in Lunacy have manifested untiring interest in its affairs.

Respectfully submitted,

EUGENE H. HOWARD,

Superintendent.

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30, 1897.

	Men.	Women	Total
Remaining October 1, 1896	239	252	491
Admitted during year ending September 30, 1897	92	91	183
On original commitments:			
From residences.....	86	80	166
By transfers from county houses	2	4	6
By transfers from other institutions for insane.....	4	7	11
Total number under treatment during year.	331	343	674
Daily average population	259.8	262.7	522.5
Capacity of institution.....	200	250	450
Discharged during the year:			
As recovered.....	16	18	34
As improved	16	27	43
As unimproved.....	12	17	29
Died	17	28	45
Whole number discharged during the year.	61	90	151
Remaining October 1, 1897	270	253	523

Rochester State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening, July 1, 1891

Total acreage of grounds and buildings.....	35
Value of real estate, including buildings.....	\$274,059 02
Value of personal property.....	47,108 80
Acreage under cultivation	95

Receipts during year :

From State treasury for maintenance on estimates 1 to 12 inclusive.....	\$114,682 78
From private patients	1,267 97
From reimbursing patients.....	5,763 17
From all other sources	2,981 83

Total receipts for maintenance	\$124,695 70
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Total receipts from State Commission in Lunacy for extraordinary improvements ..	\$5,350 40
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Disbursements during year for maintenance :

Estimate No. 1. For officers' salaries	\$15,561 49
Estimate No. 2. For wages	39,793 72
Estimate No. 3. For provisions and stores.....	31,598 18
Estimate No. 4. For ordinary repairs	2,183 78
Estimate No. 5. For farm and grounds.. . . .	7,208 49
Estimate No. 6. For clothing	5,165 13
Estimate No. 7. For furniture and bedding.....	4,504 34
Estimate No. 8. For books and stationery	1,417 51
Estimate No. 9. For fuel and light.....	11,492 97
Estimate No. 10. For medical supplies.....	851 50
Estimate No. 11. For miscellaneous expenses	3,155 55
Estimate No. 12. For transportation.....	250 71

Total disbursements, estimates 1 to 12 inclusive.	\$123,183 37
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Total disbursements during year for extraor- dinary improvements under apportionments by State Commission in Lunacy	\$5,350 40
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Rochester State Hospital—Annual Report

Table No. 2—(Concluded).

Balances October 1, 1887 :

General maintenance fund	\$1,512 33
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	4.533

Maximum rate of wages paid attendants :

Men	\$33 per month
Women	\$28 per month

Minimum rate of wages paid attendants :

Men	\$20 per month
Women	\$14 per month

Proportion of day attendants to average daily population.....	1 to 9.49
Proportion of night attendants to average daily population.....	1 to 52.225
Percentage of daily patient population engaged in some kind of useful occupation	70.879
Estimated value of farm and garden products during year.....	\$12,670 01
Estimated value of articles made or manufactured by patients during year.....	13,131 31

Rochester State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.).....	2	7	9	2	.....	2	3
Mental strain, worry and overwork (not included in above)...	12	4	16	2	.....	2	3
Religious excitement.....	.....	1	1	.....	.....	.....	.....
Love affairs (including seduction).....	1	1	2	1	.....	1	.....
Fright and nervous shock.....	.....	2	2	.....	.....	.....	2
Physical:							
Intemperance.....	22	1	23	6	.....	6	7
Venereal diseases....	6	2	8	3	1	4	1
Masturbation.....	1	.....	1	.....	.....	.....	1
Sunstroke.....	2	2	4	1	.....	1	.....
Accident or injury....	.....	1	1	.....	1	1	.....
Pregnancy.....	.....	1	1	.....	.....	.....	.....
Parturition and puerperium..	.....	4	4	.....	2	2	1
Lactation.....	.....	3	3	.....	2	2	.....
Change of life.....	.....	5	5	.....	2	2	1
Fevers.....	.....	2	2	.....	2	2	.....
Privation and overwork.....	.....	8	8	.....	1	1	4
Epilepsy.....	5	4	9	3	.....	3	1
Diseases of skull and brain.....	2	2	4	.....	1	1	1
Old age.....	5	4	9	2	1	3	3
Epidemic influenza....	.....	1	1	.....	.....	.....	.....
Abuse of drugs.....	.....	1	1	.....	.....	.....	.....
All other bodily disorders and ill health	13	7	20	5	2	7	3
Heredity.....	6	11	17	6	11	17	.....
Congenital defect.....	3	3	6	2	.....	2	1
Unascertained.....	12	14	26	1	1	2	11
Total.....	92	91	183	34	27	61	43

Rochester State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	1	.....	1	1	.....	1
Mania, acute.....	40	10	....	308	110	26
Mania, recurrent.....	7	2	....	54	25	5
Mania, chronic.....	17	1	3	118	4	35
Melancholia, acute.....	25	12	2	115	57	11
Melancholia, simple.....	8	4	....	98	25	....
Melancholia, chronic.....	15	2	3	79	5	12
Alternating (circular) insanity.....	.....	.....	.....	12	3	....
Paranoia.....	8	.....	.....	8	.....	....
General paralysis.....	15	.....	6	81	.....	52
Dementia, primary.....	1	1	....	15	7	3
Dementia, terminal.....	33	2	25	306	3	155
Epilepsy with insanity.....	9	.....	5	49	.....	19
Imbecility with maniacal at- tacks.....	4	.....	....	22	.....	....
Idiocy.....	.....	.....	.....	.....	.....	1
Not insane*	.....	.....	.....	3	.....	*2
Total.....	183	34	45	1,269	239	322

* Includes cases of alcoholism, drug habit, etc.

Rochester State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CURABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms... { First admission....	5	9	14	10	9	19	15	18	33
{ Second admission..	1	1	2	1	3	4	2	4	6
{ Third admission....	.....	.....	.....	1	.....	1	1	.....	1
Mania in acute forms..... { First admission....	.....	1	1	4	15	19	4	16	20
{ Second admission..	.....	1	1	2	.....	2	2	1	3
{ Third admission....	1	.....	1	.....	2	2	1	2	3
All other curable forms..... { First admission....	4	1	5	2	1	3	6	2	8
{ Second admission..	.....	2	2	1	.....	1	1	2	3
{ Third admission....	1	.....	1	1	.....	1	2	.....	2

Rochester State Hospital—Annual Report

Table No. 5—(Continued).

CURABLE CONDITIONS.		LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INSANITY IN CASES PREVIOUSLY DISCHARGED RECOVERED—NOW READMITTED.											
		UNDER 3 MONTHS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.	
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.
		AVERAGE LENGTH OF IMMUNITY.		MEN.		WOMEN.							
		Years.	Months.	Years.	Months.	Years.	Months.	Years.	Months.	Years.	Months.	Years.	Months.
Melancholia in acute forms.	First admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Mania in acute forms.	First admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other curable forms.	First admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Second admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Third admission.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Rochester State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in { First admission...	7	6	13	...	4½	...	5.3	...	1	1	3	2	5	4	6	10
Second admission...	0	2	2	...	...	...	5.1	...	...	...	...	1	1	1	1	2
Third admission...	1	...	1	...	3½	...	...	...	...	...	...	...	...	...	...	...
Mania in acute { First admission...	4	5	9	...	3½	...	3	...	1	1	...	1	1	...	6	6
Second admission...	1	...	1	...	4½	...	...	...	...	...	...	...	...	1	...	1
Third admission...	1	...	1	...	10	...	...	...	...	...	...	1	1	...	...	...
All other cur- { First admission...	1	1	2	1	4	...	4½	...	...	...	1	1	2	3	...	3
able forms. { Second admission...	...	2	2	...	...	4	3	...	...	...	...	...	...	2	...	2
Third admission...	1	...	1	1	7	...	...	...	...	...	1	...	1	...	...	...

Rochester State Hospital—Annual Report

TABLE No. 6.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	3	6	9	.....	.....	.....	31	52	83	8	8	16
One to three months	4	4	8	.....	5	9	31	27	58	32	31	63
Three to six months	2	2	4	6	8	14	7	19	26	80	46	76
Six to nine months .....	.....	3	3	3	1	4	9	13	22	16	29	45
Nine months to one year	1	.....	1	1	1	2	1	3	4	3	3	6
One year to eighteen months ..	1	.....	1	1	1	2	7	10	17	6	13	19
Eighteen months to two years ..	1	.....	1	1	.....	1	3	2	5	4	.....	4
Two to three years .....	.....	1	1	.....	.....	.....	6	1	7	1	3	4
Three to four years .....	.....	1	1	.....	.....	.....	.....	2	2	2	.....	2
Four to five years	1	.....	1	.....	1	1	2	.....	2	.....	1	1
Five to ten years	2	1	3	.....	1	1	4	4	8	2	1	3
Ten to twenty years	1	.....	1	.....	.....	.....	1	1	2	.....	.....	.....
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	16	18	34	16	18	34	104	185	239	104	135	239

*Includes cases of alcoholism, opium habit, etc.

Rochester State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess of liver.....					1	1
Asphyxia				1		1
Asthenia				1		1
Atheroma				1	1	2
Bright's disease.....		1	1	1	4	5
Bronchitis		2	2		11	11
Cancer of liver.....					1	1
Carcinoma.....		1	1		2	2
Chorea				1	1	2
Cerebral hemorrhage	2	3	5	12	11	23
Cerebral softening.....	2		2	2		2
Endocarditis, chronic.....	2	1	3	4	3	7
Enteritis		2	2	4	15	19
Epilepsy		3	3	7	10	17
Erysipelas.....					1	1
Exhaustion of mania		1	1	10	16	26
Exhaustion of melancholia		1	1	3	4	7
Fracture of skull.....	1		1	1		1
General paralysis.....	5		5	39	10	49
Gangrene.....				1	1	2
Hernia, strangulated.....					1	1
Heart disease, fatty degeneration	1		1	2	2	4
Hemorrhagic cystitis				1		1
Intestinal obstruction.....				2	2	4
Influenza				1	3	4
Locomotor ataxia				1		1
Meningitis.....				4	2	6
Nephritis, acute.....					1	1
Peritonitis.....				2	1	3
Pneumonia	3	1	4	7	10	17
Pulmonary abscess					1	1
Pulmonary oedema.....				1	4	5
Pyæmia				2		2
Senility		2	2	11	12	23
Shock from fracture					5	5
Suicide.....				1	3	4
Tuberculosis, pulmonary	1	8	9	25	30	55

Rochester State Hospital—Annual Report

Table No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Tumor of thyroid	1	1	.....	1	1
Tumor of ovary	1	1	.....	1	1
Typhoid fever.....	1	.....	1
Volvulus	2	.....	2
Total	17	28	45	151	171	322

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	11	4	15	43	53	96
Maternal branch	4	6	10	28	76	104
Paternal and maternal branches	1	.....	1	5	2	7
Collateral branches.....	18	17	35	59	53	112
No hereditary tendency ..	36	43	79	216	275	491
Unascertained	22	21	43	282	177	459
Total	92	91	183	633	636	1,269

Rochester State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	47	35	82	306	219	525
Married	34	36	70	254	280	534
Widowed	9	18	27	66	134	200
Divorced	1	2	3	6	3	9
Unascertained	1	.....	1	1	.....	1
Total	92	91	183	633	636	1,269

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	1	.....	1	6	.....	6
Academic	2	5	7	25	36	61
Common school	79	67	146	487	412	899
Read and write .....	.....	1	1	44	37	81
Read only	4	9	13	34	85	119
No education	5	9	14	29	65	94
Unascertained	1	.....	1	8	1	9
Total	92	91	183	633	636	1,269

Rochester State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.				SINCE OCTOBER 1, 1888.							
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.				
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.			
Under one month .....	.....	2	2	3	2	5	9	16	25	29	20	49
One to three months	2	1	3	2	1	3	16	9	25	13	19	32
Three to six months	3	1	4	.....	4	4	11	11	22	11	16	27
Six to nine months	1	.....	1	2	1	3	11	6	17	9	10	19
Nine months to one year	1	.....	1	.....	1	1	4	5	9	6	6	12
One year to eighteen months ..	3	2	5	1	2	3	18	22	40	15	15	30
Eighteen months to two years ..	.....	.....	.....	2	4	6	5	3	8	9	11	20
Two to three years .....	.....	.....	.....	4	1	5	19	13	32	11	10	21
Three to four years	2	3	5	.....	6	6	13	10	23	9	16	25
Four to six years	1	3	4	2	.....	2	13	13	26	14	10	24
Six to ten years	1	3	4	1	1	2	10	15	25	9	5	14
Ten to twenty years	1	5	6	.....	2	2	6	18	24	9	17	26
Twenty years and over	1	7	8	.....	3	3	7	10	17	7	16	23
Not insane*	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	1	1	2	.....	.....	.....	9	20	29	.....	.....	.....
Total	17	28	45	17	28	45	151	171	322	151	171	322
Average duration of insane life (give years and tenths)				5.7	15.3	11.7				17.7	19.6	18.7

* Includes cases of alcoholism, drug habit, etc.

† Since July 4, 1891.

Rochester State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years .....	.....	.....	.....	.....	.....	.....
From 10 to 15 years .....	.....	.....	.....	.....	.....	.....
From 15 to 20 years	2	2	4	24	16	40
From 20 to 25 years	7	5	12	67	44	111
From 25 to 30 years	12	11	23	83	77	160
From 30 to 35 years	9	12	21	83	82	165
From 35 to 40 years	19	8	27	88	77	165
From 40 to 50 years	24	18	42	134	122	256
From 50 to 60 years	8	16	24	80	91	171
From 60 to 70 years	5	15	20	43	82	125
From 70 to 80 years	3	4	7	20	26	46
From 80 to 90 years	2	.....	2	10	19	29
Unascertained	1	.....	1	1	.....	1
Total	92	91	183	633	636	1,269

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years	1	.....	1	8	7	15
From 20 to 30 years	7	3	10	34	41	75
From 30 to 40 years	4	3	7	28	40	68
From 40 to 50 years	2	6	8	23	22	45
From 50 to 60 years	2	5	7	9	17	26
From 60 to 70 years .....	.....	1	1	2	7	9
From 70 to 80 years .....	.....	.....	.....	.....	1	1
Total	16	18	34	104	135	239

Rochester State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	total.
From 20 to 25 years	1	.....	1	4	2	6
From 25 to 30 years .....	.....	3	3	9	13	22
From 30 to 35 years .....	.....	1	1	9	5	14
From 35 to 40 years	4	1	5	19	16	35
From 40 to 50 years	3	4	7	31	22	53
From 50 to 60 years	3	5	8	29	36	65
From 60 to 70 years	2	7	9	21	40	61
From 70 to 80 years	4	5	9	22	20	42
From 80 to 90 years .....	.....	2	2	7	17	24
Total	17	28	45	151	171	322

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	15	12	27
One to three months	12	14	26
Three to six months	7	7	14
Six to nine months	3	12	15
Nine months to one year	3	3	6
One year to eighteen months	10	8	18
Eighteen months to two years	2	2	4
Two to three years	7	4	11
Three to four years	7	5	12
Four to five years	4	5	9
Five to ten years	8	6	14
Ten to fifteen years	5	8	13
Fifteen to twenty years .....	.....	2	2
Twenty to thirty years .....	.....	1	1
Thirty years and upwards .....	.....	1	1
Unascertained	9	1	10
Total	92	91	183

Rochester State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence of Patients Remaining Under Treatment
September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month.....	5	6	11
One to three months.....	16	19	35
Three to six months.....	16	12	28
Six to nine months.....	11	12	23
Nine months to one year.....	8	10	18
One year to eighteen months.....	18	12	30
Eighteen months to two years.....	14	14	28
Two to three years.....	25	31	56
Three to four years.....	24	17	41
Four to five years.....	21	9	30
Five to ten years.....	62	48	110
Ten to fifteen years.....	18	19	37
Fifteen to twenty years.....	12	16	28
Twenty to thirty years.....	14	22	36
Thirty years and upwards.....	6	6	12
Total	270	253	523

Rochester State Hospital—Annual Report

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year
and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.....	4	.....	4	26	1	27
Commercial:						
Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.....	9	.....	9	77	1	78
Agricultural and pas- toral:						
Farmers, gardeners, herds- men, etc.....	16	.....	16	127	1	128
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	15	.....	15	89	.....	89
Mechanics, etc., at se- dentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.....	20	1	21	101	4	105
Domestic service:						
Waiters, cooks, servants, etc.....	2	17	19	18	140	158
Educational and higher domestic duties:						
Governesses, teachers, stu- dents, housekeepers, nurses, etc.....	.....	60	60	1	421	422
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc.....	.....	3	3	8	16	24

Rochester State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Employed in sedentary occupation :						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....		5	5	2	30	32
Prostitutes					1	1
Laborers	23		23	152		152
No occupation.....	2		2	29	16	45
Unascertained.....	1	5	6	3	5	8
Total	92	91	183	633	636	1,269

Rochester State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Arabia				2		2
Austria		1	1	1	5	6
Belgium				1		1
Canada	8	6	14	35	34	69
England	3	1	4	23	33	56
France		1	1	1	1	2
Germany	5	13	18	94	92	186
Holland	1	1	2	7	5	12
Hungary					1	1
Ireland	7	10	17	56	99	155
Italy	1		1	6	4	10
Norway				1	1	2
Nova Scotia					1	1
Poland				5	3	8
Russia	2	1	3	4	6	10
Scotland	2		2	4	8	12
Sweden	1		1	3	1	4
Switzerland		1	1	5	3	8
United States	60	56	116	377	328	705
Wales	1		1	1	2	3
Unascertained	1		1	7	9	16
Total	92	91	183	633	636	1,269

Of the total number admitted since the 1st of October, 1888, the parents of 58.7 per cent. were both of foreign birth.

In 3.7 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 2 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Rochester State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Publio.	Private.	Total.
Albany.....			
Allegany.....			
Broome.....			
Cattaraugus.....			
Cayuga.....			
Chautauqua.....			
Chemung.....			
Chenango.....			
Clinton.....			
Columbia.....			
Cortland.....			
Delaware.....			
Dutchess.....			
Erie.....	1		1
Essex.....			
Franklin.....			
Fulton.....			
Genesee.....	1		1
Greene.....			
Hamilton.....			
Herkimer.....			
Jefferson.....			
Kings.....			
Lewis.....			
Livingston.....	21		21
Madison.....			
Monroe.....	149	2	151
Montgomery.....			
New York.....	1		1
Niagara.....	1		1
Oneida.....			
Onondaga.....	1		1
Ontario.....	1		1
Orange.....			
Orleans.....			
Oswego.....			
Otsego.....			
Putnam.....			
Queens.....			
Rensselaer.....			
Richmond.....			
Rockland.....			

Rochester State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
St. Lawrence			
Saratoga			
Schenectady			
Schoharie			
Schuyler			
Seneca			
Steuben			
Suffolk			
Sullivan			
Tioga	1		1
Tompkins	1		1
Ulster			
Warren			
Washington			
Wayne	3		3
Westchester			
Wyoming			
Yates			
State patients			
Soldiers' Home			
Total	181	2	183

Rochester State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....						
Allegany						
Broome						
Cattaraugus						
Cayuga						
Chautauqua						
Chemung						
Chenango						
Clinton						
Columbia						
Cortland						
Delaware						
Dutchess						
Erie	2	2	4			
Essex						
Franklin						
Fulton						
Genesee	3	4	7			
Greene						
Hamilton						
Herkimer.....						
Jefferson						
Kings						
Lewis						
Livingston	16	8	24			
Madison						
Monroe	245	227	472	2	2	4
Montgomery						
New York.....	1		1			
Niagara		1	1			
Oneida						
Onondaga		1	1			
Ontario		1	1			
Orange						
Orleans	1	1	2			
Oswego						
Otsego						
Putnam						
Queens						
Rensselaer						
Richmond						

Rochester State Hospital—Annual Report
Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rockland
St. Lawrence
Saratoga
Schenectady
Schoharie
Schuyler
Seneca
Steuben	1	1	.....	.....	.....
Suffolk
Sullivan
Tioga
Tompkins
Ulster
Warren
Washington
Wayne	4	4	.....	.....	.....
Westchester
Wyoming	1	1	.....	.....	.....
Yates
Unascertained
Total	268	251	519	2	2	4

Rochester State Hospital—Annual Report

REPORT OF THE STEWARD

The steward makes the following report of the production of the farm and garden:

510 dozen eggs, at 15 cents.....	\$76 50
143,695 quarts of milk, at 4 cents.....	5,747 80
207 bushels of early potatoes, at 85 cents.....	175 95
700 bushels of late potatoes, at 60 cents.....	420 00
127 bushels of beet greens, at 20 cents.....	25 40
3,375 bunches green onions, at 2½ cents.....	84 38
150 bushels of ripe onions, at 50 cents.....	75 00
197 dozen summer squash (early), at 25 cents.....	49 25
25 dozen summer squash (late), at 20 cents.....	5 00
256 bushels of green peas, at 80 cents.....	204 80
188 bushels of string beans, at 90 cents.....	169 20
10,000 head cabbage, at 2 cents.....	200 00
675 dozen cucumbers, at 10 cents.....	67 50
1,614 dozen green corn, at 10 cents.....	161 40
15,235 bunches lettuce, at 2 cents.....	304 70
8,625 bunches radishes, at 2 cents.....	172 50
288 bushels ripe tomatoes, at 43 cents.....	123 84
150 bushels green tomatoes, at 20 cents.....	30 00
25 bushels early turnips, at 30 cents.....	7 50
625 bushels late turnips, at 20 cents.....	125 00
200 bushels parsnips, at 50 cents.....	100 00
75 bushels salsify, at 50 cents.....	37 50
300 bushels carrots, at 25 cents.....	75 00
9,400 bunches celery, at 3½ cents.....	329 00
31 bushels early beets, at 40 cents.....	12 40
300 bushels late beets, at 25 cents.....	75 00
200 bushels cow beets, at 10 cents.....	20 00
693 quarts strawberries, at 7½ cents.....	51 98
50 bunches rhubarb, at 5 cents.....	2 50

Rochester State Hospital—Annual Report

70 pumpkins, at 5 cents.....	\$3 50
10 bushels lima beans, at 90 cents.....	9 00
20,215 pounds beef, per C \$6.65.....	1,344 30
1,559 pounds veal, per C \$7.46.....	116 30
21,523 pounds pork.....	1,021 24
79 pounds chicken, at 10 cents.....	7 90
7 calves (young)	14 50
1 cow (lame)	20 00
2 horses (old), at \$22.50.....	45 00
1,855 pounds hides	101 57
1,049 pounds rough tallow.....	14 21
30 pigs (young), at \$2.35.....	70 50
9 calf skins, at 71 cents.....	6 39
7 tons cow fodder at \$3.....	21 00
175 bushels rye (musty), at 35 cents.....	61 25
35 tons clover hay, at \$5.....	175 00
550 bushels oats, at 30 cents.....	165 00
12 tons rye straw, at \$8.....	96 00
8 tons oat straw, at \$6.....	48 00
175 tons ensilage, at \$1.75.....	306 25
12 months rent of three rooms, at \$2.50.....	30 00
12 months rent of house, at \$2.50.....	30 00
12 months rent of barn, at 75 cents.....	9 00
2 1-12 months keeping horse, at \$12.....	25 00

Total	\$12,670 01
-------------	-------------

Amount charged farm and grounds as per treasurer's report	\$7,208 49
Amount of farm wages.....	3,066 00
Net profit	2,395 52

	\$12,670 01
--	-------------

Rochester State Hospital—Annual Report

Value of live stock on hand September 30, 1897:

15 horses, at \$100	\$1,500 00
35 milch cows, at \$40.....	1,400 00
19 fat pigs, at \$6.....	114 00
60 shoats, at \$4.....	240 00
21 young pigs, at \$2.....	42 00
36 breeding sows, at \$8.....	288 00
1 male hog	10 00
76 hens, at 30 cents.....	22 80
84 chickens, at 20 cents.....	16 80
	<hr/>
	\$3,633 60

Respectfully submitted,

W. S. REMINGTON,

Steward.

REPORT OF MATRON.

The matron makes the following report of articles made and repaired in the women's department:

Aprons, women's	1,997
Aprons, men's	42
Bandages, yards of material.....	1,004
Bean bags	5
Burial robes	46
Bureau covers	294
Bread cloths	120
Comfortables	4
Chemises	532
Combination suits, for women.....	116
Clothes bags	37
Curtains	112
Curtain bands	240
Curtains for screens.....	118

Rochester State Hospital—Annual Report:

Caps, women nurses.....	469
Caps, women's, for day.....	11
Caps for night.....	19
Caps for kitchen and bakery.....	149
Coffee cloths	83
Covers for beds, netting.....	6
Covers for machinery.....	3
Dressing jackets	1
Dresses	740
Dresses, strong	36
Dress waists	10
Drawers, pairs of.....	258
Doilies	65
Holders, ironing	600
Hats, trimmed	159
Infants' shoes, pairs of.....	440
Laundry bags	195
Night dresses	369
Night shirts	234
Napkins for wards.....	784
Pillow cases	268
Pillow ticks	29
Protection sheets	15
Shirts	513
Skirts	691
Skirts, strong	6
Sheets	1,344
Scarf ties	3,831
Spreads for barber.....	2
Stupe wringers	12
Tablecloths	534
Table napkins, new.....	536
Table napkins, old.....	858
Towels, hand	1,633
Towels, roller	387
Towels, bath	933

Rochester State Hospital—Annual Report

Towels, dish	2,338
Tea cloths	155
Underwaists	63
Uniforms, kitchen, for women.....	95
Total	23,541
Articles mended	206,592

Respectfully submitted,

MARY E. MAY,

Matron.

REPORT OF SUPERVISOR

The supervisor reports the following list of articles made and repaired in the male department:

Ash receiver	1
Base board, feet.....	150
Back stop	1
Bags, laundry	54
Blinds, pairs	2
Bolsters, wagon	6
Boards, bread	2
Boards, ironing	2
Broom rack	1
Brick paving, square feet.....	1,152
Boxes, shipping	1
Boxes, ice	1
Boxes, bone	2
Boxes, flower	8
Boxes, cold air, feet.....	2,800
Card-boards	4
Carpenter bench	1
Chairs caned	75
Chairs varnished	597
Checker-boards	6

Rochester State Hospital—Annual Report

Chest	1
Commode-chairs	3
Coats	545
Combination suits	2
Corn-jacks	2
Counters	1
Couches	3
Curb set, feet.	107
Cutting board	1
Cushion-polishers	58
Doors	4
Door panels	16
Drawers	36
Dumb waiter	1
End-boards	2
Eveners	1
Fans, electric	24
Flag-pole	1
Floats, mason's	1
Floor tile, feet laid.	21
Frame, picture, feet.	50
Frames, diet-sheet	7
Glass, set	784
Hangers, coat	104
Hen roosts	3
Hose reel	1
Ice slide	1
Legs, table	12
Mattresses, made	81
Mattresses, made over.	100
Mallets	2
Manger	1
Man-hole	1
Milk stools	3
Mortar boards	3
Moulding, feet	16

Rochester State Hospital—Annual Report

Moulding, picture, feet.....	50
Paddles	8
Partition, feet	500
Peels, baker's	3
Pillows	61
Pillows, made over.....	508
Platforms.	7
Polisher handles	40
Poultry-netting, feet	200
Potato crates	41
Reach, wagon	1
Reels, hose	2
Saw horses	10
Score boards	2
Seat, wagon	1
Screen doors	3
Screen, folding	2
Shelving, feet	750
Shelves	6
Shoemaker's benches	2
Shoes, made	185
Shoes, repaired	487
Shipping crates	3
Shakers, fly	72
Sink	1
Slippers, made	240
Slippers, cut	420
Snow plow	1
Stairs	1
Step ladders	4
Sticks, curtain	12
Stove room	1
Straight edge	1
Surveyor's stakes	440
Tables	15
Tar paper, laid, square feet.....	1,000
Ticks	52

Rochester State Hospital—Annual Report

Towel-rollers	7
Trousers	553
Transplanting boxes	35
Vests	154
Water bed	1
Window stops	24
Window sash	20
Window screens	14
Window shades	79
Writing desk	1
Total	<u>12,885</u>
Repaired, pieces	<u>13,759</u>

Respectfully submitted,

DAVID BALLAGH,

Supervisor.

REPORT OF THE FLORIST

The florist reports the following list of plants and cut flowers produced in the greenhouse and flower garden:

Plants:

Arbution	10
Achania	25
Aspidestra Lurida, variegated.	15
Achyranthes	300
Arancaria Excelsa.	1
Azaleas	10
Asparagus Plumosus Nanus.	5
Begonia, mixed.	300
Bongainvillia	6
Bongainvillia Dwarf Veron.	100
Canna, mixed.	150
Cyperus	10

Rochester State Hospital—Annual Report

Caladium	5
Chrysanthemum	15
Calla Lily	10
Coleus	300
Coboea Scandens	18
Fuchsia, mixed	50
Ferns, mixed	40
Genista	8
German Ivy	125
Geraniums, mixed	500
Geraniums, rose	30
Grevillea Robusta	15
Heliotrope	70
Hydrangea	15
Impatient Sultani	15
Justica Velutinia	15
Lobelia	100
Musa Ensete	10
Oxalis	25
Salvia Splendens	15
Streptosum	5
Pelius	40
Petunia	50
Palms	25
Vinca, variegated	20
Virginia Creeper	100
Zealandia Sensesveria	15
Hanging baskets	36
Window boxes	25
Veranda boxes	10
Total	2,639

Cut flowers:

Asters	15,000
Alyssum	465
Achillea, the Pearl	3,475

Rochester State Hospital—Annual Report

Antirrhinum	850
Chrysanthemums	250
Carnations, Hardy, mixed.....	29,720
Carnations, Marguerite.....	3,400
Carnations, inside grown.....	1,625
Candytuft	1,000
Celosia	450
Canna	100
Dianthus	2,935
Freesia	150
Gladiolus	315
Heliotrope	1,225
Helianthus	1,200
Heliopsis	415
Hyacinth	250
Larkspur	2,700
Lilium Harrissii.....	20
Mignonette	4,380
Marigold	425
Nasturtium	1,520
Narcissus	440
Phlox Drumondii.....	11,025
Phlox, hardy.....	1,225
Roses, inside grown.....	1,000
Roses, hardy.....	100
Sweet Peas.....	57,025
Swansonia	1,355
Stipa Pennata.....	200
Tuberose	105
Tulips	500
Zinnia	1,400
Smilax, yards.....	125
Total	146,370

Respectfully submitted,

CHAS. F. MUHLBEYER,

Florist.

SECOND ANNUAL REPORT
OF THE
LONG ISLAND STATE HOSPITAL
For the Year 1897
TRANSMITTED TO THE STATE COMMISSION IN LUNACY

1270

NINTH ANNUAL REPORT OF THE

CHAPTER 39

Second Annual Report of the Long Island State
Hospital

OFFICERS

MANAGERS.

Hon TRUMAN J. BACKUS, President.....	Brooklyn.
Hon. JOHN G. DEUBERT, Vice-President.....	Brooklyn.
EVAN F. SMITH, M. D., Secretary.....	Brooklyn.
Hon. THERON L. SMITH.....	Smithtown, Long Island.
Mrs. OLIVER L. JONES.....	Cold Spring.
Hon. ALEX. E. ORR.....	Brooklyn.

TREASURER.

Hon. HENRY E. ABELL.....	Brooklyn.
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RESIDENT OFFICERS.

O. M. DEWING, M. D.,.....	General Superintendent.
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KINGS PARK DEPARTMENT.

LOUIS W. DODSON, M. D.....	First Assistant Physician.
JOHN McGUIRE, M. D.....	Second Assistant Physician.
FREDERICK M. NEHRBAS, M. D.....	Assistant Physician.
DABNEY M. TRICE, M. D.....	Assisant Physician.
WILLIAM H. HAGENBUCH, M. D.....	Junior Physician.
BRYAN G. WILLIAMS, M. D.....	Junior Physician.

Long Island State Hospital—Annual Report
BROOKLYN DEPARTMENT.

ROBERT M. ELLIOTT, M. D.....	Medical Superintendent.
IRA O. TRACY, M. D.....	First Assistant Physician.
D. EDWARD WARREN, M. D.....	Second Assistant Physician.
GUSTAVE A. MACK, M. D.....	Junior Physician.
EDWARD A. HOFFMAN, M. D.....	Junior Physician.
ARTHUR J. CAPRON, M. D.....	Junior Physician.
CAROLINE M. STENGEL, M. D.....	Woman Physician.
EDWARD L. PARKER, M. D.....	Medical Intern.
FREDERICK A. WHEELER.....	Steward.
WILLIAM HILL.....	Assistant Steward.
W. A. THOMAS.....	Assistant Steward.
MARY A. JOHNSON.....	Matron.

REPORT OF THE MANAGERS

To the State Commission in Lunacy:

Gentlemen.—In compliance with the provisions of the Lunacy Law, the board of managers of the Long Island State Hospital have the honor to submit herewith their annual report for the year ending September 30, 1897.

During the year several changes in the organization of this board have taken place. The resignations of Mr. John G. Deubert, as president of the board, and that of Mr. Theron L. Smith, as vice-president, were received and accepted March 22, 1897. On the same day, Dr. Truman J. Backus was elected president and Mr. John G. Duebert vice-president. Dr. E. F. Smith resigned from the position of secretary, but again accepted the position and continues to perform the duties of the office. On January 19th, the resignation of Mrs. Frances W. Goodrich from membership of the board was received and accepted.

Several important changes in the medical staff have taken place, the one of most consequence being the resignation of Dr. W. E. Sylvester, from the position of general superintendent. His resignation was accepted to take effect June 30th of the present year.

Dr. O. M. Dewing was appointed acting general superintendent, to take effect May 5th, and on September 2d Dr. Dewing was promoted to the position of general superintendent. This action on the part of the board was unanimous.

By referring to the report of the general superintendent, which is herewith submitted and made a part of this report, much valuable and statistical information regarding the hospital, the improvements of the past year and the needs of the future will be found. Several of the more important of these changes and improvements have received considerable attention from the board, however, and it may therefore be considered proper to record here their official action concerning them.

Long Island State Hospital—Annual Report

The board have noted, with much pleasure and appreciation, the very marked external improvement which has taken place in connection with both departments of the hospital during the past year. There is apparent a more close attention to the details of administration and the affairs of the hospital are generally looked after more carefully than formerly. Especially does this appear at the Brooklyn department in the discipline and selection of officers and employes, in attention to the comfort of employes and patients and care of the latter, and in the well-kept appearance of the place. The changes at Kings Park are especially to be noted in the very great improvement of the grounds, extensive grading and terracing having been done, and a large amount of road-making has been carried on. Old buildings have been torn down and the materials used for erecting serviceable structures, and on every hand there is evidence of development in the right direction.

This tendency is also noticeable in the improvement which has taken place in the herd of cows and in the supply of horses during the past year. The dairy is one of the most satisfactory departments of the hospital, furnishing milk, as it does, at a cost lower than it could possibly be purchased, especially if taken into account the fact that it is difficult to obtain milk, the quality of which is beyond suspicion. It is believed that the present method of management of the dairy avoids, to a great extent, the danger of infection from tuberculosis, as the herd is carefully gone over once a month by a competent veterinary physician.

During the early part of the year, rumors of irregularities in the conduct of business in connection with the steward's department became so numerous and annoying, and so hurtful to the hospital, that, with the approval of the commission, an expert accountant was employed to overhaul the entire system of accounts and methods of purchasing supplies, and, in fact, the business management of the institution. The Board take much pleasure in stating that, as a result of this careful examination, no

Long Island State Hospital—Annual Report

delinquency of a serious character was discovered. The board, however, are far from regarding this careful examination of the business methods of the hospital as being fruitless or without sufficient results to warrant the outlay. Perhaps the most important and beneficent result has been the quieting of unfavorable rumors, and the stopping of unjust insinuations, which has resulted. Further than this, many important and valuable suggestions were made by the expert accountant employed, which have been of service within the steward's department. During the course of this investigation some rather sensational rumors with regard to sums of money and articles of small value belonging to patients and taken in trust by the institution, during the period within which patients remain under treatment, came to the attention of the board. These rumors were, however, of such a significant character that it was thought proper to instruct the expert accountant to drop his examination of the business management of the institution and turn his attention exclusively to the care of patients' property. This was done, and an exceedingly loose system, inherited from the old county régime, was discovered in operation, with the result that a considerable sum of money was found to be unaccounted for. Much time was given to this matter, more, in fact, than the intrinsic value of the property might seem to warrant, but not too much when the necessity of putting this exceedingly delicate trust on an absolutely perfect and safe basis is considered. It is believed that such a system has been devised and is now in operation, the details of which are fully stated in the minutes of the board.

In the reorganization of the hospital, which was begun during the spring and summer of the past year, it became apparent to the board that the general office of the hospital was not situated so that the most important considerations of the hospital could receive the careful attention of the general superintendent. It became apparent that the process of development and evolution at the Kings Park department, which is bound to continue for years to come, called for more careful supervision than the department

Long Island State Hospital—Annual Report

at Brooklyn, which, instead of developing is rather bound to remain at a standstill, if, indeed, it does not become of less and less importance as the years go by. In accordance with this view of the board, and with the assurances of the president of the Commission that this was an affair of internal management which it was the proper function of the board to regulate, a resolution was passed directing the acting general superintendent to proceed, as speedily as possible, toward the removal of the general office to Kings Park. This was carried out. Before the arrangement can be entirely successful, however, it will be necessary to provide accommodations for the steward and family to reside at the Kings Park department, as it is manifest that he cannot give proper attention to the affairs of his department when the main office is located at Kings Park and he resides in Brooklyn.

An important event during the year has been the completion of the new kitchen buildings. The kitchen outfits, in connection with them, are now in successful operation with the result that the food service has been greatly improved in every way, and it is now possible to serve hot meals to the patients, which was almost an impossibility under the old arrangement, where the food was cooked in a kitchen situated from 1,000 to 2,000 feet from the patients' buildings, and transported thither in wagons.

One of the most evident improvements is the painting of the wooden buildings at Kings Park department, which has just begun. These buildings had become exceedingly dingy in appearance and were rapidly deteriorating and falling to decay for lack of paint. The necessity and desirability for this improvement has been repeatedly urged by the board, and they are now exceedingly gratified to find that their recommendations have borne fruit.

An important part of the change in organization of the hospital, is the reception of patients direct at the Kings Park department, which has now been arranged for. Up to quite recently, all patients committed to the hospital from Queens and Suffolk counties were sent to the Brooklyn department, even though

Long Island State Hospital—Annual Report

their homes might be in the immediate neighborhood of Kings Park, or in the eastern end of the Island, beyond Kings Park. This was manifestly an improper arrangement, and now these patients are committed direct to the Kings Park department, except from the southern side of the island, where railroad connections are closer with Brooklyn than with Kings Park. It is even considered desirable that such patients as are directly received at Flatbush, be removed as soon as possible after their committment to Kings Park, as the greater amount of room, better air and environment generally, is undoubtedly more conducive to their speedy recovery than at the department at Flatbush, where the old buildings, defective plumbing and undesirable environment of the hospital, situated as it is in the immediate neighborhood of the penal and charitable institutions of Kings county, is certainly not such as to furnish the best surroundings for those mentally afflicted.

During the latter part of the winter it was brought to the attention of the Board that the hot water system at Kings Park department was in a dangerously defective condition. Although the line had been in operation not more than five years the pipes had become seriously corroded by the action of the hot brackish water, that leaks were springing in them constantly, sometimes several in the course of twenty-four hours, and the workmen who were obliged to go into the conduit which contained these pipes for the purpose of repairing them and giving the necessary attention to the steam lines, etc., were in constant danger of serious accident.

This matter was promptly brought to the attention of the Commission and the Board are pleased to be able to say that very prompt and decisive action was taken in the matter, arrangements being immediately instituted and completed for the putting in of a new hot water system by the contractor who was already employed on extensive work in connection with the engineer's department.

Long Island State Hospital—Annual Report

It was thought best by the engineering experts detailed by the office of the State Architect to entirely change the system of hot water supply. The old method consisted of heating the water in a tank at the boiler-room, which tank was also connected with the cold water system, the pressure from which carried the hot water through a system of pipes over the entire place, returning back to the boiler-room through the return steam mains.

The present hot water system consists simply of tapping the steam line in the different buildings and cottages and running steam from it through large hot water tanks, which are supplied with cold water from the cold water system. In connection with this new system is a temperature regulating apparatus which, it is hoped, will do successfully what was expected of it, namely, to regulate the temperature of the water in the different buildings and cottages in accordance with the special needs of each building, it being set at a high temperature in the kitchens, dining-rooms, etc., and at a considerably lower temperature in the wards, where the water is simply required for bathing purposes. This regulating apparatus has not, at the present time, been accepted, as it appears yet to require some attention and modification on the part of the contractor putting it in.

During the past year a large contract was let for erecting a new group of cottages at the Kings Park department, originally intended to contain 840 patients, but which, by the addition of another story to one of the cottages, will contain 910 patients. Unfortunately, this contract was let so late in the fall of 1896 that the work could not be begun until the spring of 1897. Since that time, however, rapid progress has been made and the work has progressed so satisfactorily that it is expected several of the cottages will be ready for occupancy early in the spring, and all of them during the summer of 1898.

In connection with this main contract for the new group of cottages, other contracts have been let, viz: For plumbing, supplying of water pipes, gate valves and hydrants for fire protection,

Long Island State Hospital—Annual Report

for steam heating and ventilation, for sewers, for electric wiring and fixtures.

One of the most important of the improvements now under way is the furnishing of a new water supply at the Kings Park department. Action was taken with regard to this matter on October 14, 1896, in a resolution offered by Mr. Theron L. Smith, which reads as follows:

Resolved, That this Board again urgently recommend that steps be taken to increase the water supply of the Kings Park department, by the sinking of additional wells and laying of pipes therefrom to the main pump house.

This resolution was unanimously adopted.

Action was again taken to the same effect on December 10, 1896, and in addition to recommendations, with a view to obtaining an additional supply of water, it was voted that: "A stand-pipe of suitable height and capacity should be erected without delay and should be carefully located with reference to the needs of the new buildings to be erected at Kings Park, as well as for the needs of buildings now in use."

This matter was again made the subject of an official report on January 13, 1897, and again on February 25. On March 8th, the following report by Mr. W. Paul Gerhard, expert sanitary engineer, was made:

**PRELIMINARY REPORT ON THE WATER SUPPLY
OF THE STATE HOSPITAL BUILDINGS
AT KINGS PARK, L. I.**

NEW YORK CITY, *February 24, 1897.*

To the Honorable State Commissioners in Lunacy, Albany, N. Y.:

Dear Sirs.—In accordance with instructions received from your secretary, Mr. McGarr, in a letter dated February 5th, I have conferred with Dr. W. E. Sylvester, general superintendent of the Long Island State hospital, and with Messrs. Theron L. Smith and Dr. Truman J. Backus, members of the special committee on water supply of the Board of Managers. I also visited Kings Park on February 15th and 16th, and met the committee, with a view to determining what steps are necessary to improve the water supply of the hospital buildings. In the preliminary report which I have the honor to submit herewith, I shall describe briefly, first, the present condition of the water supply and water distribution systems, and second, shall submit some suggestions and recommendations, both for immediate and future improvements. In the short time thus far devoted to the subject it was impossible for me to arrive at definite conclusions in reference to all the questions under consideration.

PRESENT WATER SUPPLY SYSTEM.

The supply of water for the hospital at Kings Park, L. I., is at present obtained from several driven wells located near the shore of the bay, in a northeasterly direction from the medical superintendent's cottage. Originally the water supply was obtained from the lower reservoir which was built for the storage of surface water, but as the quality of this water became impaired by admixture with surface drainage, its use was abandoned and recourse had to the wells just described. These wells are driven about forty-five feet deep and the water flowed out at the surface.

Long Island State Hospital—Annual Report

It is pumped into the pipe line discharging in the suction well at the main pumping station.

The water from these wells has been used for several years. At first it was of good quality and sufficient in quantity for the needs of the hospital. Of late, in order to obtain an increased supply, the wells have been drawn upon more freely than at first, and the water yielded has become of a brackish nature. Chemical analysis is said to show the water to contain much chloride of sodium, and the Hartford Boiler Inspecting Co., to whom a sample of water was sent for examination, report that it is not fit for use in the steam boilers on account of the salts contained in it.

In view of this fact that the population of the hospital is steadily increasing and that provision must be made in the near future for about 1,200 more persons who will occupy the new cottage group now under contract, the time has arrived when it becomes necessary to look up new and better sources of supply. In this connection it should be stated that the present expensive double pumping of the water should, if possible, be done away with.

I have not yet received from the engineer the data regarding coal used per day at the well pumping station, and as soon as I have I will supplement this report with more definite facts.

Furthermore, there is only a single pump at this station which has been run uninterruptedly (at least twelve hours each day) for three years, and which is in need of repairs. If it should break down, which accident may happen at any time, the hospital would necessarily be without water (the reservoir not being in condition to hold sufficient storage).

The main pumping station adjoining the boiler-house is equipped with two larger condensing direct-acting pumps and one noncondensing pump, the combined capacity of which is sufficient to meet the demands of the hospital in the near future. The larger condensing pumps use at present for condensing purposes the water pumped from the wells, and a great saving in the

Long Island State Hospital—Annual Report

amount of water used could be effected if the condensers were supplied with water by a connection with the lower abandoned reservoir.

From the pumping station the water can be pumped into one of two distributing mains, viz., a 6-inch and a 12-inch main which are run in the main steam pipe conduit, and are carried past the various buildings to the large storage reservoirs situated at the heart of the hospital boulevard. The two mains are joined by gate valve bye-passes near the pumping station and also just before entering the reservoir. As the distribution system is at present arranged, water is pumped through the 12-inch main and all branches supplying buildings are taken off the 6-inch main.

It should be stated in this connection, that it is very difficult to obtain reliable facts as to the arrangements and detail of the distribution system, because the maps and plans, showing location and course of water and steam pipes and sewers, are not available. It is stated that these are retained by the engineer who had charge of the work of laying out the mains, and it would seem to me to be desirable to make an effort to obtain these maps by purchase (provided the present owner permits an examination of the plans and maps to ascertain their accuracy and reliability and value to the State, and the board of managers of the hospital).

Regarding the upper or storage and distributing reservoir, this holds at present about six feet of water. The reservoir is stated to be in a leaky condition and has never been filled to its intended capacity, viz., twenty feet in depth. No thorough examination of this reservoir to determine the extent and character of the leaks has ever been attempted. From observations made last summer by the chief engineer of the hospital, it appears that the leakage begins when the water in the reservoir rises higher than the 6-foot level. Therefore, it would seem that the leakage must be due to defects in the sideling or in the core wall of the reservoir, or in both, whereas the bottom is probably nearly or practically water-tight.

Long Island State Hospital—Annual Report

Owing to the present condition of the reservoir the water pressure in the cottages, and particularly in the four brick buildings, is extremely light and generally insufficient, even for sanitary purposes. I have made a report to the commission, dated September 28, 1895, in which I called attention to the defective water supply as a result of which the ward closets, particularly those on the upper floors, are in a bad and ill-flushed condition. No action was taken on my report at the time and the plumbing is in the same unsanitary condition, in which I found the same two years ago.

As regards fire protection, the present state of things is far worse, it being impossible to get more than a few pounds pressure at the fire valves in the buildings. In case of a conflagration, the fire hose would prove to be useless and the hospital buildings would be at the mercy of the flames.

In connection with the question of available water pressure attention must be called to the fact that the proposed new cottage group, now under contract, is located at a higher elevation than any of the present buildings. I do not have the data of levels available, consequently cannot give the exact figures, but even a cursory examination of the site of the new group in relation to the elevation of the storage reservoir, must convince anyone familiar with hydraulics that the reservoir, even if filled to its full capacity, would not be able to supply the upper stories of the new buildings.

These undesirable facts point to the urgent need of an increased water pressure, which can be provided, as I shall mention further on, by the erection of a suitable water tower, or by elevated storage tanks or by a stand-pipe.

SUMMARY OF PRESENT DEFECTS.

The following, then, are the chief defects of the present water supply system at Kings Park, L. I.:

1. The quality of the water supply is objectionable.

Long Island State Hospital—Annual Report

2. The quantity available is insufficient, considering the needs of the immediate future.

3. The present system of supply is costly because the water has to be pumped twice.

4. The pumping station at the present source of supply is defective, and in case of a breakdown of the single pump, the available reserve supply in the reservoir (filled not even to one-third of its capacity) would soon be exhausted.

5. The available water pressure in the buildings is insufficient for sanitary as well as for fire protection purposes.

6. The reservoir is not in a condition to hold a full supply of stored water.

RECOMMENDATIONS FOR IMMEDIATE IMPROVEMENT
OF THE WATER SUPPLY.

The two most urgently needed improvements are first, a new source of supply to provide for the expected increase in population and in the number of buildings to be protected against fire, and second, increased pressure of water at the buildings.

As regards a new source of supply, the committee on water supply and the medical superintendent, Dr. O. M. Dewing, have called my attention to a pond, located in a northeastern direction from the present wells, just beyond the boundary line of the State farm. This pond, known as Harned's pond, is fed by a large number of springs and is stated to furnish at all seasons of the year a large volume of good and pure drinking water. I paid a visit to the site of the pond and at the time of my inspection (February 15) a considerable flow of water took place over the weir at the outlet of the pond. Owing to the unseasonable weather, the pond being covered with ice and the banks with snow, even a general examination of the immediate surroundings of the pond was inexpedient. It seems probable that the pond is at a sufficient elevation above mean tide to enable the water to be carried by gravity to the suction well at the main pumping station, thus doing away with the necessity of pumping the water

Long Island State Hospital—Annual Report

twice, whereby a great saving in running expenses will be affected. To determine this accurately, a line of levels should be run from the pond to the present inlet pipe at the suction reservoir. If required, this inlet could be lowered a few feet. The entire distance of the proposed pond supply conduit should also be surveyed to make an estimate of the cost of the pipe line. The commission should authorize the necessary survey at once.

I am informed, upon reliable authority that the Harned pond could be obtained, both by purchase and by lease, and I respectfully advise the latter course.

By leasing the use of the water from the pond for a year, with the privilege of buying the pond later on, if its quantity and quality is found, after observation during all seasons of the year, to be satisfactory and sufficient, a largely increased supply of water would be secured for the hospital buildings. Thorough chemical and biological examinations of the pond water should be made at various times, and the entire watershed should be examined to guard against pollution of the water. If all the conditions prove favorable the State might then acquire the pond by purchase, and should also condemn a sufficient strip of land all around the pond to control the watershed, and strict rules to prevent all manner of contamination of the pond water should be issued by the State Board of Health.

A saving in the daily consumption of water will be effected as soon as the connection from the lower reservoir to supply the condensers of the main pumping station now in course of construction, will be completed.

The second improvement which is urgently needed is the increase of water pressure at the buildings. It has been suggested that this could be affected by repairing the sides of the storage reservoir and stopping all leakage. This undertaking would be a very difficult one at this season of the year, but even should it be possible to accomplish it, the increase in the water pressure gained would be insufficient for fire protection purposes. Moreover, provision should be made as soon as possible, for a suitable

Long Island State Hospital—Annual Report

water pressure for the new group of buildings, which as stated heretofore, cannot be supplied properly from the storage reservoir. After a careful consideration of all the facts bearing upon the question, it would be better, in my judgment, to postpone the repairs to the reservoir until later on, and to make immediate provision for an increased water pressure for all buildings by the erection of a suitable stand-pipe or water tower near the present reservoir.

The present population of the Kings Park branch of the L. I. S. H. is 1,389 patients and, including officers and attendants, the total amounts to about 1,700 persons. Adding a prospective population of about 1,200 persons for the new group now under contract, we have to provide for a total population of 2,900 persons, or allowing 200 gallons per head per diem, of about 580,000 gallons per day. The capacity of the main pumping station is ample to meet this increased demand, and it is believed that the new pond, suggested as a source of supply, would furnish this amount of water. This question can be settled definitely by measurements of the supply taken not only at this time, but principally during the dry season of the year, when springs are apt to fail.

STAND PIPE.

Whenever a storage reservoir cannot be placed at a suitable elevation above buildings to be supplied, to secure a pressure of water on the highest floors, sufficient for sanitary and fire purposes, the pressure desired can be obtained either by an elevated storage tank or a water tower, or else by so-called stand pipes. Usually a water tower is put up where it is desired to secure both increased pressure and storage of water, whereas stand pipes are put up, not so much as a means of storage as to obtain increased pressure. No hard and fast line, however, can be drawn between a water tower and a stand pipe.

As a rule a water tower or elevated tank requires an expensive substructure of masonry or of iron, whereas a stand pipe is a

Long Island State Hospital—Annual Report

much simpler piece of construction, consisting of a boiler plate shell of a certain diameter and of a certain height, built upon a masonry or concrete foundation, and so arranged that water is pumped in at the bottom, rising to such a level as to give the desired water pressure. In a water tower the upper part is of comparatively large diameter, while in the stand pipe the height always exceeds the diameter.

A stand pipe acts as a cushion to the pumping engines and thereby prevents water hammer or shock on the pipes. Besides, on account of the limited reserve of water which it holds it serves to adjust any variation in the supply drawn.

I may here remark that it would be possible to increase the present water pressure by adopting the system of pumping directly into the mains, and providing the pumping engines with safety or blow-off valves and governors. Such a system is not considered by the best hydraulic engineers to be as good as a system of pumping into a reservoir or stand pipe. The strain suddenly put on the water mains and house services in case a direct fire pressure is desired, is very apt to injure the entire distribution system, and breaks in the weakest parts of the same, are of frequent occurrence. For this reason I do not favor the direct pumping system.

A stand pipe can be constructed at a less expense than a water tower, while at the same time it would answer for the needs and requirements of such an institution. I must, however, speak a word of warning against this too prevalent opinion that a stand-pipe can be bought in the market in much the same manner as the provisions for a hospital can be bought. This erroneous impression has probably arisen from the fact that the cost of a stand-pipe is comparatively small, hence it is considered such a simple piece of engineering as to render it unnecessary to provide for a thorough inspection of the work. No greater mistake could, however, be made. It is an undisputed fact that much poor work in this branch of civil engineering has been done in the past. The cases of accidents and failures of stand-pipes have been ex-

Long Island State Hospital—Annual Report

tremely numerous. Some were caused by insufficient foundations or settlement of the masonry supporting the stand-pipe; others were due to wind pressure during gales or hurricanes, and happened more often when the stand-pipe was empty. Insufficient anchorage, deficient plate material, careless punching of rivet holes, flaws in metal, brittle steel, etc., all these are frequent causes of stand-pipe failures. Another cause is the accumulation of ice in the stand-pipe, which being exposed and unprotected, is very apt to give trouble or fail on this account, or become damaged by falling ice. For this latter reason my personal preference would be for an inclosed stand-pipe.

The construction and erection of the stand-pipe should be done according to strict specifications, and the material used in the same should be inspected before erection at the mills and in the shop by a reliable firm of inspecting and testing engineers who make a specialty of such work. Every piece used in the construction should be inspected and stamped by them. I need hardly say that this inspection is particularly needed in case it should be decided to obtain the stand-pipe by open competition.

I would recommend that a stand-pipe, 20 feet in diameter and 80 feet high, be erected on an elevated site preferably near the present storage reservoir so as to utilize the present pipe distribution system in the boulevard conduit. The stand-pipe to be of the best quality of soft open-hearth flange steel or preferably of wrought iron flange plates, with all joints riveted in the best manner, caulked to insure water tightness, and painted several coats of asphalt paint or varnish to preserve the iron. The stand-pipe to be supported on a suitable concrete and masonry foundation, and to be firmly anchored to the foundation by numerous strong anchor bolts. The foundation to be made large enough in the beginning to permit the enclosure at some future day of the stand-pipe by a masonry tower, with stairs leading to the top of the stand-pipe which could then be made an ornamental feature of the landscape and might be utilized as a look-out point by building a roofed platform on the top.

Long Island State Hospital—Annual Report

Inside the stand-pipe an 18 or 20 inch overflow-pipe might be arranged which could discharge any surplus of water into the reservoir.

With such a stand-pipe it would be best to arrange the distributing system as follows: The 12-inch main should be made the pumping main and should deliver into the foot of the stand-pipe, but provision should also be made by gate-valves so that the reservoir (after same is repaired) could be filled by pumping. All services for the buildings should be taken from the 12-inch main. The 6-inch main should be continued into the reservoir and could be used as a supply main for the lower buildings—kitchen, bakery, laundry, boiler-house—because these are situated at a much lower level and would derive sufficient pressure from the reservoir.

The estimated cost of the proposed stand-pipe would be about \$6,000, not including the outer masonry inclosure, changes in valves and connections, and the inside overflow leading to the reservoir.

The present season of the year does not permit a thorough examination of the reservoir. This would necessitate emptying the same so as to examine both the bottom and the sides to ascertain the stability of the reservoir and the location and extent of the leaks. Until the pumps are provided with pop-valves and governors to permit direct pumping into the mains, or until the stand-pipe is complete, the reservoir cannot be put out of use.

In order to examine the reservoir intelligently, the plans for the construction of the same should be obtained by the Board of Managers if possible, together with all available information about the site, the dimensions, material and construction of the reservoir.

I am not prepared, without further data at hand and before the reservoir has been thoroughly examined, and the rate of leakage ascertained, to submit any definite recommendations with reference to the best mode of repairing the reservoir and preventing permanently leakage of water. Speaking generally, the

Long Island State Hospital—Annual Report

reservoir may be made tight in one of two ways: either the entire core wall and the inside lining may be reconstructed, which would be very expensive, impracticable, and probably unnecessary; or else the entire structure may be left undisturbed, and the present lining used for a foundation for some water-tight coating which would prevent the percolation of water.

The most reliable available coating for rendering reservoirs water-tight is not, as supposed by many, hydraulic cement, but, asphalt. Owing to its tough and flexible quality this is particularly suitable for repairing cracks or settlements in the lining of the sides of the reservoir. After repairing the cracks, asphalt (natural bitumen) should be spread on the sloping inside banks like a thick paint. This would require at least two coats, and sometimes it is found expedient, as has been done recently in the case of the repairs to leaky reservoirs, to place on the top of the first coat a layer of heavy burlap, which is stretched tight and pressed into the first coating and anchored in a groove at the top of the slope.

The second coat is applied on top of this burlap which is intended to protect the asphalt in hot weather from sliding or cracking.

According to the information now available, the bottom of the reservoir is probably not leaking, and it would not, therefore, be necessary to line the entire bottom with asphalt to make same impervious to water. But around the foot of the inside slopes there may be found, upon closer investigation, places of leakage, and in that case the asphalt lining should be applied in a strip all around the foot of the slope or where there is danger of leakage.

No attempt can be made at present to estimate the cost of repairing the reservoir. The method suggested would be a thorough and economical one; though it must be admitted that it may require a large sum of money to accomplish the repairs. I expect to be able to submit, after the stand-pipe has been erected

Long Island State Hospital—Annual Report

and the reservoir disconnected, emptied and examined, a later report on the best method of permanently repairing the reservoir.

Another improvement which may be left for the future, would be the inclosing of the stand-pipe by a suitable masonry tower, as already mentioned in discussing the stand-pipe.

The water distribution system should also be remodeled by making use of the upper reservoir to supply the buildings on a lower level, while all cottages should be supplied from the stand-pipe. The reservoir should be kept full at all times and would then constitute a most excellent safeguard in case of a fire, for the volume of water stored in the same could be made available for pumping during a fire, by connecting the foot of the 6-inch supply main into the suction well at the pumping station. This would give a much larger supply available for the pumps to draw from than could be obtained from the pond conduit line alone.

Respectfully submitted,

(Signed)

WM. PAUL GERHARD,

Consulting Engineer for Sanitary Work.

February 23, 1897.

Following the reading of this report this resolution was adopted:

Resolved, That the secretary be requested to inform the Commission in Lunacy that this Board recognizes the thorough investigation of the water supply at Kings Park, which has been made by Mr. W. Paul Gerhard, and accepts his statements of defects in the present system of water supply. Moreover, this Board unqualifiedly approves the recommendations made by Mr. Gerhard for the increase of water pressure at the buildings.

At the same time the following resolution was also adopted:

Resolved, That the Commission in Lunacy be requested to secure from the proper State officials, plans for the erection of such stand-pipe as is recommended in Mr. Gerhard's report, and it is the unanimous opinion of this Board that such plans should be made without delay; and that as soon as such plans are made,

Long Island State Hospital—Annual Report

the general superintendent is authorized to advertise for proposals to execute such plans.

On April 12th, another exhaustive report on the condition of the present water supply and on the proposed new supply from Harned's pond was read. This report severely condemned the present supply on account of its contamination with salt water, and recommended that action be taken looking toward the securing by proceedings of condemnation at the earliest possible date of the Harned pond and adjacent land; and that the opinion of Mr. Gerhard be secured on this point and be decisive. Recommendation was also made that the Attorney-General be requested to make an appointment of an attorney to represent the State in such condemnation proceedings as might be necessary, and that the chairman of the Board be authorized to sign the required petition to the Supreme Court, asking the appointment of commissioners according to the statute.

At last, during the month of May, definite action was taken in the survey of the land containing the proposed water supply and preliminary specifications were drawn for carrying out the work and from this time on progress continued to be made, although at times it seemed to be exceedingly slow. Bids were finally advertised for and the contract awarded to the Atlantic Construction Company for furnishing the material and doing the work called for in providing the water supply in question.

The amount of water called for by the ordinary necessities of the hospital and by the extraordinary quantity needed for building purposes, results in a larger and larger amount of salt water being drawn from the present source of supply. This contamination of the supply not only renders the water undesirable for drinking purposes, but is a source of serious difficulty in the operation of the boiler plant, and is likely to prove an exceedingly expensive condition in its effect on the entire hot and cold water and boiler system.

Long Island State Hospital—Annual Report
RECOMMENDATIONS.

Besides the suggestions which will be found in the report of the acting general superintendent, the Board have the following recommendations to make:

1. That a safe hoisting apparatus should be placed in connection with the storehouse and bakery for the lifting of heavy stores to the lofts of the storehouse and bakery, and the lowering of them to the cellar under the storehouse. This suggestion was made once before by the Board, and the superintendent was directed to take such steps as might be necessary toward the placing of such a hoisting apparatus in position. It was found desirable, however, to give the present elevators running in connection with the new kitchens and dining-rooms, extended trial, with the view to ascertain their value before estimating for and acquiring the elevator in question.

During the winter the general superintendent was directed to estimate for a survey of the land at the Kings Park department. This was done in March, 1897, but the Commission returned the estimate disallowed, making the following note: "The Commission is informed that Commissioner Perry has a survey and topographical map which was furnished him during the period of municipal government of the hospital." The Board would respectfully state that they have never been able to find any accurate survey of the entire property which gives the correct boundary line between the property of the State and the surrounding farms, and if such a map does not exist, the Board feel that steps should be taken toward having the necessary survey made.

It is apparent to the Board that the present laundry facilities at the Kings Park department are exceedingly inadequate to the needs of the present population, and that the occupancy of the new group of cottages next spring and summer, and the addition of 1,000 persons to the population of the department, added laundry facilities will become an imperative necessity. The Board took official action with regard to the matter at a meeting held May 11th of the past year, and the following resolution was passed:

Long Island State Hospital—Annual Report

Resolved, That in view of the inadequate facilities and space in the laundry at Kings Park for the present population in the hospital, and also for the large increase in the hospital, which it is reasonable to expect, must be provided for within a year, this Board respectfully requests that the State Commission in Lunacy make such provisions as may be necessary for the needed additions, and that the State Commission in Lunacy be requested to call upon the State Architect to confer with the acting general superintendent regarding suitable plans for these additions and prepare such plans as may be suitable, or amend such plans as may have been prepared if found desirable.

Following the passage of this resolution, the Board are informed that the State Architect prepared plans in accordance with the suggestions of the acting general superintendent, and that such plans have been set aside owing to the fact that they contemplate the addition of a one-story wing to the laundry, whereas the Commission, it is understood, is now in favor of a two-story laundry building exclusively. The Board feel that further delay in the prosecution of this matter is extremely undesirable, and will be likely to result in an inability to furnish proper laundry service during the coming year, when the population will be greatly increased, and the Board earnestly desires that all possible dispatch be used in pushing forward the preparation of plans and specifications for a suitable laundry addition, and the letting of the necessary contracts and the speedy prosecution of the work.

The necessity for an adequate internal telephone service at both departments of the hospital, but especially at Kings Park, does not require argument. The Board is much pleased to learn that arrangements looking toward the speedy advertising for bids for an internal telephone exchange at Kings Park has been made, and that this matter is not likely to need much further attention on the part of the Board and the Commission.

It might seem that in view of the probability of the entire removal of the Brooklyn department within the next seven years

Long Island State Hospital—Annual Report

it would be an improper expenditure to place a new telephone service at that department. When the aid to organization and proper management is considered, however, the Board feel that such an expenditure is warranted.

In accordance with instructions from the Board, the acting general superintendent estimated for fire-escapes to be placed on the annex at the Brooklyn department during the past summer. These estimates were disapproved by the Commission. While the Board appreciate the force of the objection to providing these fire-escapes at the present time, assuming that the annex will be abandoned by the State within the next year or two, at the same time, in view of mandatory legislation which has been enacted and bears on this matter, the Board feel that it cannot share any responsibility in allowing this matter to go unheeded, without official notice.

The Board feel that perhaps the most important consideration demanding their attention in the near future, pertains only indirectly to the care of patients, but is directly concerned in the elevation of the standard of employes. Considerable attention has been given to this matter and it has become apparent that no considerable improvement in the personnel of employes at the Kings Park department can be looked for, without making adequate provision for their social needs, and greater attention than in the past, to their material comfort.

A prime requisite for carrying out the reform suggested is an adequate building devoted to the purposes of an employes' club. It is not suggested that such a building should be used for the sleeping accommodations of employes, but exclusively for their social recreation. It should contain social parlors, library, and reading-room, billiard-room, smoking-room and bowling alleys, etc., and a sufficient portion of the building should be set apart for the exclusive use of the officers of the institution.

The isolation of the Kings Park department of the hospital is such that, without an arrangement of this kind, employes have, especially in bad weather and during the winter, no common

Long Island State Hospital—Annual Report

meeting ground where such as have social tastes can properly indulge them. It is hardly necessary to state that the result of such conditions cannot be of the best. It is earnestly to be hoped that this recommendation may take tangible shape during the coming year.

No other hospital in the State stands so much in need of such provision for social needs. There is no city or even village readily accessible so that employes may get away for three or four hours and find relaxation and pleasure in a change of environment. One result is the liberal patronage of liquor saloons which always stand open for those who have no other social outlet.

One of the most immediate material needs is an electrical fire alarm system at the Kings Park department, as even with the best organization under present circumstances, a considerable period must elapse before such means for the extinguishing of fire as are available, could be put in operation. When the widely scattered nature of the institution is considered, the large number of wooden buildings and the nature of the cases cared for, it would seem that there should be no further delay in the provision of a suitable fire alarm system.

At the Brooklyn department, with the exception of necessity for provision of fire-escapes which has already been alluded to, the fire protection seems to be very complete, save that, in accordance with the opinion of no less an authority than Fire Commissioner Bryant, the small Miller fire extinguishers now in place in the main building, should be replaced by fire extinguishers of larger capacity.

The board wish to call the attention of the Commission to the fact that, notwithstanding the legislation of the last session, calling for the remittance of funds from the Comptroller's office by drafts on Brooklyn banks, drafts on Albany banks are still received, with the unavoidable delay resulting therefrom. The many delays in payment of indebtedness on the part of the hospital, which result from this cause, is a serious matter, causing

Long Island State Hospital—Annual Report

dissatisfaction and distrust on the part of firms providing supplies where quite the contrary feeling should prevail.

On more than one occasion the board have reported favorably on the desirability of acquiring what is known as the "Julius Burr" property, which is situated between the farm at Kings Park and the sound. At the present time the State has practically no water front, its land tapering down to a point at the mouth of the new canal, at which place there is a dock. Extending along the shore from this point to what is known as the town dock, is a tract of land which, in addition to the beach, mostly consists of a high bluff and amounting to some ten acres. This shore front is the only available place for salt water bathing which it would be possible for the hospital to acquire, and it is exceedingly desirable for this purpose, if for no other, that it should belong to the State. Aside from this, however, the bluff commands a scene of great beauty, where may be perceived the waters of the sound, the Connecticut shore and the projecting arm of Long Island, known as Cranes' Neck. It is a point to which the employes of the hospital should be able to go freely for recreation, during the summer season, without making it necessary for them to trespass on private property, or to bring them in contact with the environment of the liquor saloon, which is now located there. It should also be a place where patients could be freely taken, especially convalescent patients, to enjoy the air, and breeze and beautiful scenery. At the present time, this privilege in the nature of things, cannot be enjoyed by our patients. The board believe that no time should be lost in acquiring this property, and that within the coming year, condemnation proceedings should be pushed forward, which will secure it for the State.

The board have given considerable attention to the condition of what is known as the "Annex" at Flatbush and are of the opinion that it would be injudicious to retain this building for the use of patients, after the completion of the new group of cottages

Long Island State Hospital—Annual Report

at Kings Park. Without mentioning the fire-escapes, which must be provided in accordance with law, should this building be retained for use of patients, there are other expensive additions and repairs which its continued use would involve. The roof is in bad condition, and would require repair, and the frame work in connection with the bath rooms and water-closets is in a rotten condition, which will make extensive repairs absolutely necessary should the building be used much longer for human habitation.

The board have given considerable attention to the question of increased accommodation for patients within the quarters already in use at both the Brooklyn and Kings Park departments, with reference to the normal increase in population, which constantly takes place, and the necessity of providing therefor. The possibilities of crowding have reached a maximum at the Brooklyn department. At Kings Park, however, although the number of patients very largely exceeds the certified accommodations for patients, the board believe that any normal increase in the population of the hospital can be accommodated up to the completion of the new group of cottages. The board would feel unwilling to certify to an increased normal accommodation at Kings Park, as this would be contrary to facts, but is willing and ready to do all that can be done along the line above suggested, toward relieving the Commission as much as possible from its burden of providing for the increase in the number of the insane.

During the month of May, of the past year, the attention of the board was directed by the Commission to the increased per capita cost of maintenance which had taken place over the cost of the year before. Up to this time conditions relating to the internal management, with which the Commission is familiar, had rendered it somewhat difficult for the board to keep themselves in touch with all matters pertaining to the hospital. At this time, however, under a change in organization, which was effected by the board at as early a date as the board found to be feasible, large and significant reductions in the cost of mainten-

Long Island State Hospital—Annual Report

ance were made, and still continue to be made, as compared with the corresponding periods of the year preceding the one in question.

Aside from the conditions above referred to, the board find, on making a comparative examination of allowances for maintenance on general fund and for special fund disbursements, that considerable of the excess in the per capita cost of maintenance for the year past, over the year before, was due to the fact that during the year 1895-1896, many large expenditures were made, not out of general fund, but out of special fund, whereas, during the year 1896-1897 the same class of expenditures was made very much more largely out of the general fund. Such being the case, it would be improper to depend on a mere comparison of figures which, without careful attention to all the conditions, are misleading.

Aside from the definite suggestions which have heretofore been made with regard to the immediate needs of the hospital the board would respectfully state that, although great improvements have taken place along all lines in both departments of the hospital, yet the conditions are far from being up to a proper standard, and the necessity for a continued generous expenditure of a miscellaneous character is apparent.

It should be borne in mind that only two years have elapsed since the hospital, as a county institution, was turned over to the State, that much of the new construction at the Kings Park department was of such character as to easily fall into decay and need constant repairs; that the entire hospital suffered from a lack of equipment in every direction, and that this lack of equipment had become emphasized by the feeling on the part of the local authorities during a considerable period that the State would eventually acquire the property, which feeling naturally resulted in cutting all expenditures down to the lowest possible limit. In view of all these facts, the Board would respectfully submit that, in making allowances to this hospital during the coming year, it

Long Island State Hospital—Annual Report

would be unjust to take the special fund allowances of any other of the State hospitals, with the exception of Manhattan, as a standard.

In presenting these considerations to the Commission, the board have no intention of intimating any occasion for complaint in the past. They simply wish to make clear to the Commission that the generous policy which has prevailed should continue.

Long Island State Hospital—Annual Report

Expenditures, per capita cost and population, maintenance account for year ending September 30, 1897.

	Expended on monthly maintenance as per chambers.	Daily per capita cost.	Monthly per capita cost.	AVERAGE DAILY POPULATION FOR THE MONTH.		AVERAGE PER CAPITA COST.	
				Male.	Female.	Three months.	Six months.
October, 1896.	\$70,786 69	\$0.9113	\$28 25	1,087	1,419	.....	.....
November, 1896.	48,428 19	.6100	19 24	1,093	1,422	.....	.....
December, 1896.	49,570 09	.6323	19 60	1,096	1,438	\$32 86	.....
January, 1897.	41,111 88	.5380	16 31	1,101	1,435	.....	.....
February, 1897.	41,298 17	.5746	16 089	1,122	1,443	.....	.....
March, 1897.	42,434 63	.5275	16 355	1,136	1,458	.....	.....
April, 1897.	44,692 69	.5517	16 55	1,163	1,57	.....	.....
May, 1897.	46,941 78	.5820	17 425	1,157	1,537	.....	.....
June, 1897.	37,209 24	.4580	13 74	1,169	1,539	.....	.....
July, 1897.	34,251 90	.4088	12 61	1,177	1,539	.....	.....
August, 1897.	36,017 68	.4319	13 389	1,180	1,510	.....	.....
September, 1897.	34,971 48	.4270	12 81	1,189	1,540	.....	.....
Total	\$327,665 38	\$0.554	\$16 89	1,139½	1,484½	.....	.....

Note.—Monthly average, \$43.972.11.

Long Island State Hospital—Annual Report

REPORT OF THE TREASURER FOR THE YEAR ENDING SEPTEMBER 30, 1897.
General Fund.

RECEIPTS.	First quarter.	Second quarter.	Third quarter.	Fourth quarter.	Totals.	Grand totals.
To balance on hand	\$1,901 81	\$2,385 90	\$2,417 26	\$1,401 76	\$399,111 94	
From comptroller for repairs and improvements	50,901 07	38,005 84	60,128 90	130,778 28		
For maintenance	\$162,168 60	\$122,504 48	\$122,723 44	\$99,824 70	\$307,211 22	
For interest		138 38		169 37	297 70	
For old material sold				794 79	8,431 57	
For farm and sales	710 10	971 49	964 26			
From private patients	8,886 13	3,714 22	5,028 70	8,598 79	16,924 84	
From reimbursing patients						
	\$166,744 68	\$127,328 45	\$129,716 40	\$104,875 65		\$387,165 83

Long Island State Hospital—Annual Report

Report of the Treasurer—(Continued).

EXPENDITURES.	First quarter.	Second quarter.	Third quarter.	Fourth quarter.	Totals.	Grand totals.
Officers' salaries.....	\$7,305 97	\$7,381 52	\$7,354 33	\$6,679 60	\$28,719 42	
Wages.....	46,259 08	47,461 60	46,614 84	48,878 43	189,214 07	
Provisions and stores.....	45,875 44	43,698 08	45,049 72	39,187 31	173,793 05	
Ordinary repairs.....	3,669 83	3,681 30	4,497 37	3,167 16	15,028 06	
Farm and grounds.....	3,331 19	5,437 19	4,121 47	3,129 63	16,029 48	
Clothing.....	15,726 94	4,044 83	4,193 00	3,679 97	28,404 04	
Furniture and bedding.....	6,062 62	4,103 47	5,886 14	1,190 22	17,961 39	
Furniture and stationery.....	1,919 46	1,886 37	5,783 44	685 04	11,600 35	
Books and stationery.....	33,301 39	2,870 38	6,462 39	767 90	43,792 36	
Fuel and lights.....	1,650 58	1,510 60	5,805 35	510 84	14,527 78	
Medical supplies.....	4,279 69	3,686 47	5,046 53	4,095 79	17,087 88	
Miscellaneous expenses.....		288 23	199 73	227 73	17,960 82	
Transportation of patients.....						
Totals.....	\$168,764 97	\$134,804 23	\$128,843 71	\$105,232 43	\$537,655 38	\$537,655 38
Balance on hand to new account.....						\$1,401 76

Long Island State Hospital—Annual Report

SPECIAL FUNDS.

Receipts from the State Commission in Lunacy, as per detail in quarterly returns.

STYLE AND PURPOSE OF ALLOTMENT.	Amount of allotment.	Amount drawn this year.
Chapter 693, Laws of 1896:		
Repairs and betterments.....	\$18,126 21	\$17,964 46
Furniture and renewals.....	1,853 48	1,821 68
Extraordinary repairs.....	350 06	330 27
Miscellaneous.....	79,343 40	47,014 56
Total.....	\$99,678 09	\$67,160 95
Chapter 944, Laws of 1896:		
Repairs and betterments.....	\$874,967 58	\$184,253 26
Furniture and renewals.....	8,392 23	6,428 91
Farm and grounds.....	744 60	615 92
Total.....	\$884,094 39	\$191,298 12
Chapter 460, Laws of 1897:		
Repairs and betterments.....	\$28,605 91	\$22,540 45
Extraordinary improvements.....	7,435 10	5,060 49
Furniture and renewals.....	907 55	867 70
Farm and grounds.....	2,292 12	1,764 41
Nurses' uniform material.....	452 64	399 82
Total.....	\$39,633 32	\$30,632 87
Chapter 693, Laws of 1896.....	\$99,678 09	\$67,160 95
Chapter 944, Laws of 1896.....	884,094 39	191,298 12
Chapter 460, Laws of 1897.....	39,633 32	30,632 87
Totals.....	\$923,400 80	\$289,111 94

Payments to claimants as per quarterly returns.

	For construction.	For equipment.	Amounts.
For quarter ending December 31, 1896.....	\$45,041 25	\$5,159 82	\$50,201 07
For quarter ending March 31, 1897.....	22,066 54	5,949 30	28,005 84
For quarter ending June 30, 1897.....	74,967 73	5,161 07	80,128 80
For quarter ending September 30, 1897.....	122,721 96	8,054 57	130,776 53
Totals.....	\$264,787 48	\$24,324 46	\$289,111 94

General Balance.

Receipts, general fund.....	\$527,165 33
Receipts, special fund.....	289,111 94
Payments, general fund.....	527,675 38
Payments, special fund.....	289,111 94
Add balance of general fund.....	1,401 76

HENRY E. ABELL,
Treasurer.

Long Island State Hospital—Annual Report

STATE OF NEW YORK, }
COUNTY OF KINGS, CITY OF BROOKLYN. } ss.:

Henry E. Abell being sworn says that he is the treasurer for the Long Island State Hospital; that the foregoing is a correct statement of the receipts and disbursements at said institution for the year ending September 30, 1897.

HENRY E. ABELL.

Subscribed and sworn before me }
this 8th day of November, 1897. }

HENRY E. ABELL, JR.,
Notary Public, County of Kings.

SUPERINTENDENT'S REPORT

To the Board of Managers of the Long Island State Hospital:

Gentlemen.—I have the honor to submit herewith the Second Annual Report of the Long Island State Hospital for the year ending September 30, 1897.

On October 1, 1896, there were in the hospital 1,074 men and 1,417 women; total, 2,491 patients.

During the year 358 men and 371 women, total 729 patients, were admitted. Of these, 104 were brought directly from their homes, 539 from county houses, and 86 were transfers from other institutions for the insane.

There were discharged during the year, as recovered, 90 men and 92 women; as improved, 44 men and 48 women; as unimproved, 13 men and 16 women; as not insane, 2 men.

There were 199 deaths during the year, of which 104 were men and 95 were women.

The whole number discharged, including deaths, amounts to 504 cases.

The recovery rate, computed on the total admissions, is 24.96 per cent., an increase of 9.2 per cent. over that of the previous year. Based on the number of discharges, it is 36.11 per cent., and on the average daily population, 6.94 per cent.

Of the admissions, 351 men and 313 women were received at Brooklyn, and 7 men and 58 women at King's Park.

Of those discharged or who have died, 194 men and 211 women were at Brooklyn, and 59 men and 40 women at King's Park. Two men were admitted and discharged as not insane, being cases of idiocy.

The foregoing statistics include the transfer of 50 women patients from the Manhattan State Hospital to King's Park, on the occasion of a fire at Ward's Island, which rendered it necessary speedily to provide for a large number of cases.

Long Island State Hospital—Annual Report

GENERAL CONDITIONS.

The general health of the patients and employes has been good. Eight (8) patients and four (4) attendants at the Brooklyn department had typhoid fever, all of whom recovered. One employe at King's Park also had typhoid fever and recovered; the facts in this case go to show that the disease was not contracted within the institution.

One suicide occurred during the year at the Brooklyn department, that of a man who strangled himself by hanging. Previous to this time he had manifested no suicidal tendencies. No other serious or fatal accidents have occurred.

METHODS OF TREATMENT AND CARE OF PATIENTS.

The medication employed consists of the usual symptomatic treatment, of the ordinary tonics and sedatives when called for, and of such tissue builders as bone marrow, maltine, cod liver oil, etc. Thyroid extract has been administered in a number of cases, but with negative results.

The services of a dentist have been utilized two days a month at each department, to the great advantage of our patients. He has not only done such extracting as has been called for, but has been able to do some filling as well.

Considerable advancement has been made in furnishing amusements for our patients, principally in the development of the hospital bands and orchestras, one of each being maintained at both the Brooklyn and Kings Park departments. These musical organizations have been greatly developed and improved during the past year, and are the most important sources of amusement for our patients. In connection with the weekly dances they provide a diversion for a large number of patients which we have not found anything else to equal. A number of entertainments, consisting of music, tableaux and recitations, have been given, in which officers, employes and patients took a part. Besides these, weekly entertainments at the Brooklyn department have been furnished; some gratuitously, and some out of the amusement fund allowed for the purpose. They have been quite successful from

Long Island State Hospital—Annual Report

an artistic standpoint, and have added not a little to the interest in existence, which we find important to cultivate among our patients.

At Brooklyn the dances and entertainments are greatly hampered by the inadequacy of the amusement hall. Further reference will be made to this matter.

At Kings Park, one of the large dining-rooms occupied by patients has been used as an amusement hall and chapel, and arrangements have been nearly completed which will enable us to devote it exclusively to amusements and religious services. Small dining-rooms having been provided for the patients in the cottages where they reside.

A baseball team has been maintained at both departments which has been a source of considerable exercise and amusement both for patients and employes. Interest has been given to these games by playing against teams from other institutions and neighboring towns. At Brooklyn, some vacant lots opposite the hospital on Clarkson street, have been used for these games. The owner, Mr. Joseph Lang, having kindly extended this privilege. At Kings Park, they have taken place on the new and beautiful exercise ground which was finished during the course of the year.

One of the most important aids to creating a satisfactory environment, is the profusion of flowers with which we have been supplied by the industry of our patients and employes. They have not been hoarded entirely for the benefit of a few, but are liberally displayed throughout the wards and dining-rooms for the enjoyment of all.

Much attention has been given to providing suitable occupation for such patients as would be benefited thereby, which includes the vast majority of both acute and chronic cases. At Kings Park, where out of door labor is possible for a large number of patients, the good results have been very manifest. At this department, also, a new mechanical occupation has been provided in the making of shoes for the inmates, and it is ex-

Long Island State Hospital—Annual Report

pected that, hereafter, all the shoes necessary both for men and women will be manufactured at Kings Park. Good material is furnished and a better shoe turned out than could be purchased for the cost of the material and the labor of the extra employes which this industry involves. It has been found practicable to take patients who have never learned the trade and give them such training as is necessary to make them satisfactory helpers in the carrying out of this work. It will not be out of place to state that, from an economical standpoint, this industry is as important and successful as from the standpoint of benefiting the patients by providing them with desirable occupation.

Much of what has been said with regard to the manufacturing of shoes, may also be said with regard to our broom making industry, except that the latter is, naturally, of less consequence than the former and has been more recently put in operation. We are at the present time, however, making a broom of very satisfactory quality, and shall be able in the near future to furnish a sufficient number of these necessary articles to supply our needs.

TRAINING SCHOOL.

At the beginning of the year a training school for nurses was organized at both departments and, in May, 38 candidates were able to pass the junior examination; 21 being at Brooklyn and 17 at Kings Park. The methods of teaching consist of weekly lectures by the medical staff, based on the text book of Dr. Wise, recitations, practical demonstrations, and clinical instruction on the wards.

IMPROVEMENTS MADE DURING THE YEAR.**KINGS PARK:**

A large number of changes and improvements have been made, of which the following are the most important:

The transfer of the general offices from the Brooklyn to the Kings Park department.

Long Island State Hospital—Annual Report

Arrangements for the reception of patients at Kings Park, directly from their homes and from the different county authorities.

Rapid advancement in the new group of cottages.

The new kitchen buildings which were building at the beginning of the year, have been completed and are now in satisfactory operation.

The two main steam lines from the boiler-house to the patients' buildings have been thoroughly overhauled, covered, and put in proper condition.

The old hot water system has been abandoned and a new system put in operation.

A large fan has been placed at the lower end of the conduit to be operated by the engine in the machine shop. The object of running this fan being to make conditions within the steam conduit more tolerable for the workmen.

Arrangements have been made to dredge the basin connected with the canal where a large amount of earth was washed in during the very severe rains of the past summer.

A new duplex mangle, a washer, power wringer, and shirt starcher have been put in the laundry.

The following improvements have been made by the labor of our own patients and employes and not by contract:

A house for the fire apparatus, a carpenter's repair shop, a music pavilion, a gate-house for the watchman on the boulevard, and a new stable with accommodations for twenty-eight horses and sleeping quarters for six (6) employes have been built during the year. The material used for most of these structures being old lumber, etc., saved when tearing down the old temporary quarters occupied by patients which were condemned by the Commission as being unsuitable for that purpose.

A new piggery, which will accommodate from 400 to 500 hogs, has been begun, but is not yet completed.

A slaughter-house in connection with the cow barn has also been begun, but is not yet completed.

Long Island State Hospital—Annual Report

A new greenhouse, 200 feet long, has been built, largely from the old material already mentioned.

A linen-room, storeroom, workshop for the locksmith, and a clerks' lavatory have been fitted up in the basement of building A.

A shoeshop has been fitted up in the basement of building C.

New sculleries have been fitted up in the basements of buildings A, B, C and D, for the serving of food to the dining-halls above and for dish-washing, etc.

In order to get sufficient light for these different workrooms, the basement windows have been cut down in connection with the building of area spaces of brick and cement outside the windows.

Cottage H, at present occupied as staff dining-room and physician's quarters, has been enlarged by one extension to the kitchen and another to the dining-room, making the cottage generally more commodious and satisfactory. The cellar, also, has been concreted and put in proper condition.

An extension has also been added to cottage J, occupied by one of the physicians, and the cellar concreted and put in proper shape.

Cottages 20, 22 and 23 have been entirely overhauled and partly rebuilt. These cottages were in a tumble-down condition; much of the woodwork and many of the timbers having decayed, owing to the effect for several years of the vapor from the steam conduit. In order to prevent this condition, suitable partitions between the conduit and the basements of the cottages were put in a year or two ago.

Dining-rooms and pantries have been provided in cottages 19, 22, 23, 24, 28, 29 and 30. Several of them are already in use, and the others will be as soon as the work on them is finished. They have been provided in order to render it unnecessary for old and feeble patients to leave the buildings, particularly in unpleasant weather, in which they live, and also in order to abandon the use of the present large dining-hall entirely to amusements, chapel exercises, etc.

The interiors of the two large frame dining-halls have been remodeled and new flooring laid.

Long Island State Hospital—Annual Report

The roofs of all the frame cottages have been capped and new leaders provided where necessary.

A large amount of work has been done on the canal and basin by our patients and employes, made necessary by the improper slope of the sides, which, in connection with the excessively heavy rains of the past summer, has resulted in a considerable amount of material washing into the basin.

Forty feet of dock has been rebuilt at the old coal dock, to replace what has been carried away by storms, and the sewer which empties into the river at this dock has been overhauled and straightened so as to avoid clogging and put in good condition for over 100 feet.

Considerable work has been done on the main sewer above the point where it empties into the bay. It was found at that point that the sewer had become stopped up, owing to a break in the upper wall and the falling in of earth, so that a large excavation became necessary and extensive repairs were made.

One thousand feet of new sewer has been put in, where necessary, in different parts of the grounds.

A new tin roof has been put on the boiler-house.

A new drug room has been fitted up in building A.

A fine, large exercise ground (about six acres) with running track and baseball diamond, has been graded, terraced and seeded down, and is now in good condition.

Linen rooms in seven of the wards have been remodeled on the Binghamton plan.

A large amount of road making has been done and a number of trees set out.

A pathological laboratory has been fitted up in building D.

A refrigerating apparatus has been built in the cold storage rooms of both new kitchens, and a number of shelves put up in the closets and sculleries connected with these kitchens.

At the boiler-house, the 12-inch main from the old reservoir has been tapped, and the water from this reservoir is now being used for condensing purposes, thus saving about 30,000 gallons of water a day from the driven wells.

Long Island State Hospital—Annual Report

Aside from the ordinary painting repairs and the painting of furniture, etc., which goes on constantly, several of the wards have been painted throughout, and the extensive painting of the wooden buildings, the tin roofs, and the metal work in connection with the slate roofs of the brick buildings has, after many unfortunate delays, at last been begun.

Steps have been taken toward placing a Western Union branch telegraph office on the place in connection with the general offices.

BROOKLYN DEPARTMENT.

The basement under ward 1 has been renovated and supplied with fixtures for storeroom purposes, and the room in the lower part of the administration building, formerly the storekeeper's department, has been converted into a drug room. The room at the rear of the general medical office, for many years used as a drug room, has been fitted up for the reception of patients and contains the medical records.

A new floor has been put in the amusement hall.

An extension of 75 feet has been added to the greenhouse and supplied with a hot-water heating apparatus.

An electric light plant has been installed which furnishes light for the main building and the various industrial departments, but not for the annex.

The plumbing in several of the bath rooms has been overhauled and new closets and bath tubs supplied. Spray baths have been constructed in the bath rooms of wards 13 and 15, and the second and third floors of the administration department, occupied by the medical officers, have been equipped with new bath rooms supplied with modern fixtures.

A cement walk has been laid from the court yard to the rear entrance of the laundry.

A new hose-cart and hook and ladder truck have been provided; also twenty-five chemical fire-extinguishers for the wards.

The old wooden benches formerly used in the dining rooms, have been replaced by chairs.

Long Island State Hospital—Annual Report

Two hundred woven-wire spring beds have been furnished in place of old strap iron bedsteads.

Wards 4, 5, 19 and 20 have been painted; also the entire administration department.

The main kitchen has been supplied with several new steam kettles.

An ash-lift has been constructed in the boiler room connected with the main building.

A fence has been erected along the east end of the farm, dividing the hospital property from that of the county.

A Fitzgibbon boiler has been put in the boiler-house to take the place of an old one which it was necessary to condemn.

Ladders have been placed at the annex, in order to take the place, so far as possible, of suitable fire-escapes which should be supplied if this building is to be occupied longer by the patients.

SUGGESTIONS.**KINGS PARK.**

Aside from the many important material necessities which are actually called for in order to provide for the health and safety of our population, probably the greatest need of the place is the improvement of the social condition of our employes. Kings Park is so isolated and apart from any center where suitable social intercourse and relaxation may be had, that in order greatly to improve the morale of our employes, it will be necessary to provide the proper accommodations for utilizing such resources as may exist within the institution and among the employes themselves. Probably the readiest means toward utilizing these resources would be the establishment of an officers' and employes' club house, to contain parlors where the employes of both sexes could meet one another under proper conditions, with facilities, also, for music, dancing, etc., and in which billiard rooms, a bowling alley, a library and reading room, smoking rooms, etc., should be provided. Such a club house would be of much more importance to us than a hall to be used merely for

Long Island State Hospital—Annual Report

dances, entertainments and religious exercises, as we are at present able to provide for such diversions and aids by setting aside a large dining hall for the purpose. Under the present circumstances, during the winter and in unpleasant weather, our employes, when off duty, are obliged either to remain where they have been at work all day long under the same disagreeable and depressing influences, or to go out of doors and stay there until they return to the scene of their labors, or to frequent liquor saloons. When these things are considered no argument is needed to demonstrate the necessity for some such provision as I have outlined, and, in my opinion, this matter is of more importance than a further elevation of the standard in caring for the physical needs of our patients. Indeed, it is easy to see that such an advancement in regard to the social necessities of our employes would react most happily and the patients be also benefited, for, an employe who feels that his proper and legitimate necessities are duly considered, is likely to be something more than a mere eye-servant and to pass on to our patients a part of the consideration which he feels has been given to himself.

With regard to the providing of further accommodation for patients, it is suggested that by the construction of suitable wooden buildings for such employes as now occupy space in connection with patients' quarters, not only will considerable room be made available for patients but much more satisfactory sleeping accommodations for employes will be provided at a comparatively low per capita cost. I, therefore, strongly recommend the construction as soon as possible of two buildings for employes' quarters, one for women and the other for men, to contain in the aggregate accommodations for 208 persons. Aside from the economical aspect of this question, no argument is needed to show the desirability of providing a place which will enable our employes, when off duty, to live away from their trying and arduous occupation.

Aside from the provision of additional accommodations for patients by the erection of employes' homes, a larger number of

Long Island State Hospital—Annual Report

patients can be accommodated within our present patients' quarters by crowding them to a certain extent. There is so much overcrowding at the Brooklyn department, however, and the monthly increase in our population is so great, that it would be out of the question to do more than relieve the present overcrowding at the Brooklyn department and provide accommodation for the constant increase.

An attempt has been made during the past year to obtain a suitable internal telephone system, but the bids have not yet been advertised. As hospitals for the insane are at present organized, it is impossible to transact business satisfactorily in an institution where the different departments and buildings are at all scattered without a satisfactory telephone system. It will, therefore, be absolutely necessary in order to bring about a proper organization and to transact the business of the hospital to the best advantage of all concerned, to have a suitable internal telephone service provided without delay.

With regard to fire protection, our drill of patients and employes within the wards is quite satisfactory, but in order to make our outside fire company efficient and enable it to arrive at the scene of a fire with sufficient rapidity, a suitable fire alarm system should be provided. Considerable attention has been given to this matter and there are two systems which have commended themselves to favorable attention, one, apparently, likely to be as efficient as the other, but with considerable difference in cost. It is recommended that steps be taken at an early date toward obtaining the less costly of the two systems.

Another improvement which would lead to much greater ease of management and to better organization generally, would be the providing of a system of synchronous time to the different wards, buildings and apartments on the place; the clocks to be connected by wire with the Western Union Telegraph Company's system.

Considerable attention has been given to the problem of supplying the added laundry facilities which are now necessary, and

Long Island State Hospital—Annual Report

which will shortly become indispensable. Plans have been drawn by the State Architect in accordance with my suggestions, to provide these additional facilities in a one-story wing to be added to the present laundry. These plans, however, have not been approved by the State Commission in Lunacy, owing to the fact that only two-story structures are now being favorably considered by them for laundry purposes. Plans for such an addition (two-story) are now being made by the State Architect, and it is to be hoped that they may materialize during the coming year.

Experiments have been made at the Brooklyn department during the past year with spray baths put in on an economical basis, and we have found that they can be provided at a much smaller outlay than has been heretofore supposed possible. It is, therefore, recommended that such baths be placed in each one of the wooden cottages at the Kings Park department.

As the spray baths mentioned were cheaply built of lumber and lined with zinc, they would, consequently, be unsuitable for the well-constructed bath-rooms of our brick buildings. I recommend, therefore, that as soon as possible a suitable spray bath which would correspond in permanence of construction with the surroundings, be placed in each one of the bath-rooms of the brick buildings.

Owing to the transfer of the general administration department to Kings Park, it will be necessary to make some changes in the office rooms of the administration building.

With the addition to the population of the hospital which may be counted on during the coming year, it will become necessary to furnish an additional supply of milk. In order to do this, quarters for more cattle will be required. I am glad to say that these quarters can be provided at a comparatively trifling cost, owing to the fact that a large shed, already erected in connection with the cow barn, can be made suitable for stabling purposes. It is calculated that stable room for 28 cows can be provided for \$379.08. This includes cement flooring and an exten-

Long Island State Hospital—Annual Report

sion of the automatic watering system at present in successful operation at the cow barn; and, in fact, all the adjuncts of a satisfactory stable.

It is quite necessary that an additional cemented pit for storing cow manure be provided in connection with the cow barn, as it is desirable that the present cemented cow yard be available for use by the cows especially in cold weather; and with the very large accumulation of manure which takes place in a short time, this is impossible under the present circumstances. A further and perhaps a more important reason for making the additions suggested, is that some criticism has arisen in regard to the present arrangement of storing this large amount of manure in such close proximity to where the cows are kept and the milking going on. It is proposed that the new manure pit be placed just beyond the present cow yard so as to avoid any possible nuisance, but, at the same time, sufficiently near so that the manure can be wheeled to it from the stable without difficulty.

Inasmuch as through the erection of the new group of patients' cottages the steam lines have been brought to within a short distance of the barn, it is recommended that a steam line be run from these cottages to the barn of sufficient size to furnish such power as may be needed for cutting feed, grinding bone, etc., also for heating water and for furnishing such heat as may be necessary for employes' quarters within the barn. By carrying out this arrangement several very important objects will be attained, without running the risk which would be inevitable should we place a boiler for generating steam either within or in connection with the barn.

Steps have already been taken toward acquiring the new water supply, the need of which has become so imperative, and there is every probability that this new supply will be available before winter. In the attempt to push along the acquiring of a water supply, however, comparatively little attention has been paid to the very important consideration of obtaining a sufficient and

Long Island State Hospital—Annual Report

constant pressure for fire and sanitary purposes. Without any regard to the condition of the reservoir, which there is good reason to believe to be so leaky as to render its use undesirable, this reservoir is not situated at a sufficiently high level to give the pressure required. There are two ways open by which this difficulty can be remedied: One, the erection of a suitable stand-pipe; the other, the maintenance of pressure by means of constant pumping into a closed system, the action of the pump being controlled by a pressure regulating valve. The latter system, in consequence of the inadequacy of the reservoir, was put in operation during the past summer and has furnished the water pressure which has been absolutely necessary and which could not have been otherwise obtained. It is not, however, considered to be a desirable system, and it is extremely important that during the coming year this matter receive the consideration which it calls for, and that a suitable stand-pipe be provided. Whether additional water mains will be necessary will depend on the condition of those at present in use, and which have not, up to the present time, been sufficiently tested by a qualified expert.

Attention should be called to the fact that we are at present dependent on one dynamo and engine for lighting the entire place. Whenever this dynamo or engine becomes disabled, and this has happened on several different occasions, an exceedingly awkward predicament is the result, as can well be imagined. Not only is the condition exceedingly awkward and disagreeable, but it is likely to result in dangerous accidents as, owing to the fact that the place depends on electricity for lighting purposes, lack of familiarity with the other crude means at our disposal, renders accidents much more likely to happen than under other conditions. Aside from this, it is desirable to light certain departments on the place during the daytime, especially in dark, cloudy weather; this applies to workshops, basements, etc., and it will also be desirable to use electric motors to a considerable extent for supplying power to different parts of the institution. Power of this kind is so much more easily transmitted, is so convenient, and comparatively so safe for an institution of this

Long Island State Hospital—Annual Report

sort, that it should be furnished to the laundry, tailor shop and sewing-rooms, workshops, butcher shop for grinding meat, to the storehouse for grinding coffee, etc. These different requirements can be filled by supplying an additional engine and dynamo. The engine should be of about 160 horse power, and the dynamo of smaller size than the one now employed.

BROOKLYN DEPARTMENT:

In offering suggestions as to the further needs of this department, it should be borne in mind that the property is only leased by the State, but it is reasonable to assume that the main building and plant will be retained for at least seven years from the present time. Among the things most needed, the following may be mentioned:

A system of internal telephones between the various wards and departments and the administration building.

Additional spray baths and new plumbing fixtures in several of the wards.

The laundry facilities are inadequate, but considerable relief would be afforded in the event of the annex building being evacuated during the coming year. In any case, the present laundry should be equipped with fans. The ventilation is bad and during the hot months it is scarcely fit to work in. The mangle room would be greatly improved by a ventilator being put in the roof.

The kitchen floor is in bad condition and could be improved by the laying of cement.

The cold storage building is much too small for the purpose.

The building used as an amusement hall is also much too small, and could be improved by an addition at the west end.

The roof of the main building is in bad condition. It needs repairing in many places and the whole of it should be painted.

More fire extinguishers are needed for the wards. Most of those at present in use would be found to be of little service in case of fire.

One of the worst features of the institution is the dining-room accommodations. The basements are used as congregate dining-

Long Island State Hospital—Annual Report

rooms and are badly adapted to the purpose. By taking out the partitions and putting in the necessary support by means of iron pillars, these basements could be made into very satisfactory dining-rooms.

The annex is in a very dilapidated condition, especially the plumbing. Owing to the fact that it is expected to evacuate this building during the coming year, no attempt has been made at renovation and only such repairs have been made as were absolutely necessary. The frame work in connection with the plumbing fixtures is in a very dilapidated condition and will require quite extensive repairs should the building be long occupied by patients. The roof will also require considerable attention and considerable repairs. This building is not equipped with fire-escapes nor the electric light. The place should be evacuated at the earliest possible date.

ACKNOWLEDGMENTS.

We are indebted to the following friends of the hospital for gifts of literature: Mrs. Frank Waldon, Miss Goodwin, Mrs. Dunn, Mrs. McIlravy, Mrs. Nichols, Mr. Redgate, Mrs. Williams, the Brooklyn Eagle and the Brooklyn Citizen; also to Mr. Joseph Lang, who was kind enough to extend the privilege of using his ground in front of the hospital (Brooklyn department) for baseball purposes.

VISITATIONS.

The hospital has been visited by the board of managers, the State Commission in Lunacy, Mr. St. Clair McKelway, Miss Avery, Dr. John C. Shaw, Dr. Raymond, Dr. E. H. Howard, Dr. Flavius Packer, Dr. Evaline P. Ballintine, Dr. Marian Potter, Dr. C. T. La Moure, Mr. W. S. Remington, Hon. I. G. Perry, State architect; Dr. Oliver L. Jones, Mr. Babcock, U. S. engineer; Dr. A. Hrdlicka, Dr. D. A. Harrison, Rev. Lyman Abbott, Mr. Franklin Allen, Hon. John L. Burtis, Miss Harriet P. Packer, Miss Adelaide E. Wyckoff, and Dr. Walter B. Gunnison.

Long Island State Hospital—Annual Report

RESIDENT OFFICERS.

Changes in medical staff have been as follows: Dr. W. E. Sylvester resigned his position of general superintendent to take effect on June 30th, for the purpose of taking charge of a private institution. Dr. O. M. Dewing was immediately appointed acting general superintendent in place of Dr. Sylvester resigned, and on September 2d, Dr. Dewing was appointed general superintendent.

Dr. Caroline L. Bristol, who was appointed woman physician October 1, 1895, resigned November 30th. Dr. Caroline M. Stengel was appointed January 7th to fill the vacancy thus created.

Dr. Francis E. Smith, assistant physician, resigned May 1st for the purpose of entering upon private practice.

Dr. Edward A. Hoffman was promoted from interne to the position of junior physician on May 12th.

Dr. Arthur J. Capron was transferred from the Manhattan State Hospital as junior physician September 1st.

Dr. Edward L. Parker was appointed medical interne August 27th.

Rev. William D. Tuckey having resigned his position as Protestant chaplain was worthily succeeded by the Rev. N. O. Halstead, superintendent of the St. Johnland Home.

Rev. J. J. Cronin, Roman Catholic chaplain, having been transferred to another parish, was also worthily succeeded by the Rev. J. A. Bennett.

In conclusion, I take the opportunity of rendering my profound thanks to the board of managers, the State Commission in Lunacy, the officers and employes of the hospital, and to all others who have aided me in successfully meeting the difficulties and discouragements which have been encountered since my promotion to the position of acting general superintendent. It shall be my constant endeavor to be worthy of the great responsibility which has been imposed upon me.

Respectfully submitted,

O. M. DEWING,

General Superintendent.

Long Island State Hospital—Annual Report

REPORT OF THE STEWARD

KINGS PARK.

MATRON'S REPORT—SEWING-ROOM.

Aprons, patients'	2,997
Aprons, cooks'	316
Caps, cooks'	151
Clothes bags	40
Chemises	1,605
Dresses, patients'	1,127
Drawers, women's	226
Night gowns	274
Pillow slips	3,519
Sheets	3,438
Shrouds	42
Skirts	1,095
Underwaists	867
Bibs	228
Bib supporters	96
Cloaks	14
Curtains, pairs, cheesecloth.....	546
Curtains, pairs, scrim.....	90
Drawers, men's	2,035
Overshirts	2,251
Undershirts	1,407
Suspenders, pairs	566
Mittens, bakers'	28
Hair ticks	815
Pillow ticks	132
Neckties	74
Shirts, white dress.....	122
Camisole	22
Coffee bags	16
Cushions	1

Long Island State Hospital—Annual Report

Sugar bags	2
Dresses, nurses'	292
Aprons, nurses'	239
Apron straps, pairs, nurses'	302
Caps, nurses'	1,101
Dresses, supervisors'	4
Dresses, waists	5

CLOTHING REPAIRED.

Dresses	248
Sheets	192
Skirts	184
Aprons	287
Drawers, pairs	1,448
Stockings, pairs	882
Socks, pairs	2,600
Chemises	124
Pillow slips	165
Table cloths	65
Underwaists	34
Overshirts	1,142
Undershirts	988
Bed ticks	416
Repairs for kitchen, pieces	427
Towels, hemmed, small	4,802
Towels, roller, hemmed	1,625
Napkins, hemmed	684
Table cloths, hemmed	349

BROOKLYN.

MATRON'S REPORT.

Aprons	2,152
Basket covers	4
Binders	2
Bureau covers	35

Long Island State Hospital—Annual Report

Baskets, lined	3
Chemises	1,246
Coats	45
Combination suits	2
Clothes bags	44
Clothes curtains	51
Curtains, pairs	541
Couch pillows, covered.....	14
Drawers, pairs	891
Dresses	1,118
Feeding bibs	53
Gowns	35
Head rests	57
Lambrequins	2
Mattress protectors	18
Mattresses	322
Night shirts	257
Night gowns	372
Pillow slips	1,933
Pillow ticks	84
Piano cover	1
Shrouds	127
Shirts	479
Shoe bags	56
Skirts	754
Shirt waists	5
Sheets	2,515
Straw ticks	232
Suspenders, pairs	296
Sacques	23
Screens, covered	11
Table covers	4
Table cloths	547
Table napkins	300
Towels, roller	1,497

Long Island State Hospital—Annual Report

Towels, small	4,698
Table pads	7
Underwaists	400
Undershirts	6
Aprons, nurses'	630
Apron straps, pairs.....	436
Dresses, nurses'	326
Waists	50
Caps, nurses	1,080

CLOTHING REPAIRED.

Number of pieces repaired.....	64,585
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KINGS PARK.

FARM AND GARDEN REPORT.—FARM PRODUCTS.

October 1, 1896, to September 30, 1897.

Apples, 693 bushels.

Alfalfa, 22,770 lbs.

Beef, 26,400 lbs.

Cow beets, 399½ bushels.

Cider, 235 gallons.

Ensilage, 127,885 lbs.

Fodder, 34,620 lbs.

Hides, cow, 2,858 lbs.

Hides, calf, 111 lbs.

Hay, 67,205 lbs.

Oats, green, 53,860 lbs.

Pork, 21,975 lbs.

Pumpkins, 4 loads.

Potatoes, 1,758 bushels.

Salt hay, 2,520 lbs.

Tallow, 7,153 lbs.

Veal, 955 lbs.

Milk, 233,226 quarts.

Long Island State Hospital—Annual Report

Straw, 90 tons.

Rye, 480 bushels.

Rye fodder, 40 tons.

GARDEN PRODUCTS.

Beets, 31 bushels.

Beet greens, 30 bushels.

Cabbage, 44,247 heads.

Cauliflower, 3,067 heads.

Carrots, 134 bushels.

Corn, 50,520 ears.

Celery, 126 bunches.

Cherries, 15 quarts.

Cucumbers, 10,050.

Egg plant, 3,922 heads.

Horseradish, 6 bushels.

Lima beans, 86 bushels.

Lettuce, 968 bushels.

Musk melons, 2,736.

Water melons, 1,479.

Onions, 149 bushels.

Onions, early, 5,042 bunches.

Parsnips, 264 bushels.

Pumpkins, 55.

Pears, 14 bushels.

Peas, 236 bushels.

Peppers, 154 bushels.

Rhubarb, 1,510 bunches.

Radishes, 196 bushels.

Raspberries, 124 quarts.

Strawberries, 2,319 quarts.

String beans, 212 bushels.

Spinach, 90 bushels.

Squash, 266 bushels.

Salsify, 11 bushels.

Long Island State Hospital—Annual Report

Turnips, 2,618 bushels.

Turnip tops, 38 bushels.

Tomatoes, 225 bushels.

BROOKLYN.

FARM AND GROUNDS REPORT.—GARDEN.

October 1, 1896, to September 30, 1897.

Beets, 300 bushels.

Carrots, 42½ bushels.

Celery, 383 dozen.

Kale, 136 bunches.

Leeks, 899 bunches.

Parsnips, 379 bunches.

Turnips, 115½ bushels.

Asparagus, 156 bunches.

Lettuce, 1,541 heads.

Onions, 1,074 bunches.

Radishes, 1,217 bunches.

Rhubarb, 2,831 bunches.

Beans, string, 50½ bushels.

Beans, field, 50½ bushels.

Cabbage, 5,140 heads.

Potatoes, 324 bushels.

Parsley, 926 bunches.

Cauliflower, 744 heads.

Spinach, 289½ bushels.

Squash, 430.

Tomatoes, 55 bushels.

Corn, 1,000 dozen.

Oyster plant, 441.

Peas, 44½ bushels.

Long Island State Hospital—Annual Report

KINGS PARK.

FARM STOCK ON HAND.

Horses:

Private	5
Carriage	3
Farm and grounds	11
Laundry	2
General work	13
	<hr/>
	34
	<hr/>

Cows	72
Pigs	90
Hogs, fat	84
Hogs, breeding	29
Shoats	141
Carriages	3
Buggy	1
Wagonette	1
Road cart	1
Stages	2
Mail wagon	1
Buck board	1
Two-seated wagon	1
Wagons (one out of repair)	4
Trucks	4
Dump carts	5
Double sleigh	1
Single sleigh	1
Milk wagon	1

Long Island State Hospital—Annual Report

BROOKLYN.

FARM STOCK ON HAND.

Wagonettes, for transportation of patients.....	2
Surrey	1
Buggy, for steward.....	1
Trucks	2
Garbage cart	1
Grocery wagon	1
Horses	7
Cow	1

KINGS PARK.

TAILOR'S REPORT.

Coats	1,187
Trousers	1,485
Overcoats	222
Vests	336
Camisoles	22
Coats, kitchen	61
Trousers, kitchen	88
Overalls, pairs, denim.....	76
Jumpers, denim	67
Number of pieces repaired.....	6,892

BROOKLYN.

TAILOR'S REPORT.

Coats	142
Coats, for dining rooms.....	18
Coverings, sets of, for laundry.....	16
Trousers, pairs	147
Overalls	121
Suits	168
Vests	53
Number of pieces repaired.....	101

Long Island State Hospital—Annual Report

KINGS PARK.

MAT MAKER'S REPORT.

Mattresses, hair	744
Pillows, hair	271
Cushions, hair	8
Knee pads, hair	60
Cocoa mats	107
Window shades	28
Bolsters, hair	3
Pillows, feather	50
Horse covers, muslin	10
Mats, straw, for garden	25
Reupholstering:	
Settees	4
Chairs	7
Piano stool	1
Lounge	1
Cushions, for wagonette	2
Cushions, for phaeton	2
Cushion, for sleigh	1
Cushion for road cart	1
Saddles faced	5
Collars faced	3

BROOKLYN.

MAT MAKER'S REPORT.

Mattresses, hair	260
Pillows, hair	100
Chairs, upholstered	15
Chairs, caned	31
Brushes, dust	816
Brushes, shoe	384
Brushes, scrub	694
Brushes, window	336
Brooms	1,776

Long Island State Hospital—Annual Report

Brooms, whisk	972
Cocoa mats	39
Head rests	53
Rag carpet, yards.....	228
Cushions	29
Clocks repaired	7
Couches upholstered	9

KINGS PARK.

SHOEMAKER'S REPORT.

Shoes, men's	127
Shoes, women's	62
Shoes, men's, repaired.....	1,168
Shoes, women's, repaired.....	408
Shoes, patients', private	22
Harness, repairs:	
Blinds	56
Bridles	37
Backing straps	17
Breeching	72
Check lines	26
Cushions	5
Curtains, carriage	4
Cruppers	2
Halters	27
Dash boards	2
Pads	60
Lines	115
Neck collars	58
Pole straps	5
Martingales	5
Traces	98
Straps	103
Tugs	42
Saddles	10
Blankets, horse	5

Long Island State Hospital—Annual Report

Articles made:

Straps	88
Girths	9
Dog collars	2
Top straps	3
Straps for bases	6
Irons for pool table, covered.....	12

BROOKLYN.

SHOEMAKER'S REPORT.

Shoes, pairs, repaired.....	910
Harness, pieces, repaired.....	103

KINGS PARK.

LAUNDRY REPORT.

Number of pieces laundered for year.....	1,003,534
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BROOKLYN.

LAUNDRY REPORT.

Number of pieces laundered for the year.....	690,112
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Long Island State Hospital—Annual Report

STATISTICAL TABLES

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30, 1897.

	Men.	Women.	Total.
Remaining October 1, 1896	1,074	1,417	2,491
Admitted during year ending September 30, 1897	358	371	729
On original commitments:			
From residences	342	297	639
By transfer from county houses	1	3	4
By transfers from other institutions for insane	15	71	86
Total number under treatment during year	1,432	1,788	3,220
Daily average population	1,138	1,485	2,623
Capacity of institution	919	1,134	2,053
Discharged during the year:			
As recovered	90	92	182
As improved	44	48	92
As unimproved	13	16	29
As not insane	2	.....	2
Died	104	95	199
Whole number discharged during year	253	251	504
Remaining October 1, 1897	1,179	1,537	2,716

TABLE No. 2.

From October 1, 1896, to September 30, 1897.

Date of opening, October 1, 1895.	
Total acreage of grounds and buildings	888-74½
Value of real estate, including buildings	\$3,700,000 00
Value of personal property	164,847 20
Acreage under cultivation	184
Receipts during year:	
From State treasury for maintenance on estimates 1 to 12 inclusive	\$507,211 22
From private patients .....	.....
From reimbursing patients	16,224 84
From all other sources	3,729 27
Total receipts for maintenance	\$527,165 33

Long Island State Hospital—Annual Report

Table No. 2—(Concluded).

Total receipts from State Commission in Lunacy for extraordinary improvements.....	\$289,111 94
Disbursements during year for maintenance:	
Estimate No. 1. For officers' salaries....	\$28,714 42
Estimate No. 2. For wages.....	184,414 07
Estimate No. 3. For provisions and stores....	173,752 05
Estimate No. 4. For ordinary repairs.....	10,162 95
Estimate No. 5. For farm and grounds.....	16,009 48
Estimate No. 6. For clothing.....	28,404 04
Estimate No. 7. For furniture and bedding....	17,231 39
Estimate No. 8. For books and stationery	8,609 25
Estimate No. 9. For fuel and light.....	42,792 25
Estimate No. 10. For medical supplies.....	4,567 78
Estimate No. 11. For miscellaneous expenses ...	17,037 88
Estimate No. 12. For transportation.....	969 82
Total disbursements, estimates 1 to 12, inclusive,	\$527,665 38
Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$289,111 94
Balances October 1, 1897:	
General maintenance fund	\$1,401 76
Weekly per capita cost on daily average number of patients, estimates 1 to 12, inclusive.....	\$3 8686
Maximum rate of wages paid attendants:	
Men	\$30 00
Women	25 00
Minimum rate of wages paid attendants:	
Men	20 00
Women	14 00
Proportion of day attendants to average daily population.....	1 to 8
Proportion of night attendants to average daily population.....	1 to 43
Percentage of daily population engaged in some kind of useful occupation.....	61%
Estimated value of farm and garden products during year.....	\$20,762 35
Estimated value of articles made or manufactured by patients during year.....	31,564 17

Long Island State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc.)	12	19	31	4	10	14	6
Mental strain, worry and overwork (not included in above).	6	6	12	3	6	9	1
Religious excitement.	1	5	6	.....	.....	.....	1
Love affairs (including seduction)	1	3	4	1	.....	1	.....
Physical:							
Intemperance	64	17	81	7	5	12	24
Venereal diseases	30	2	32	4	.....	4	14
Masturbation	14	5	19	.....	.....	.....	11
Parturition and puerperium . . . . .	.....	19	19	.....	6	6	6
Change of life . . . . .	.....	1	1	.....	1	1	.....
Privation and overwork . . . . .	.....	2	2	.....	1	1	1
Epilepsy	13	8	21	1	8	9	6
Diseases of skull and brain	12	4	16	7	.....	7	3
Old age	29	34	63	2	3	5	15
Epidemic influenza	3	.....	3	1	.....	1	1
All other bodily disorders and ill health . . . . .	.....	1	1	.....	.....	.....	.....
Heredity	12	34	46	12	34	46	.....
Congenital defect . . . . .	.....	4	4	.....	1	1	2
Unascertained	159	207	366	9	21	30	186
Not insane	2	.....	2	.....	.....	.....	.....
Total	358	371	729	51	96	147	287

Long Island State Hospital—Annual Report

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died
During the Year Ending September 30, 1897, and Since October 1,
1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious.....	5	.....	5	5	.....	5
Mania, acute.....	136	76	15	870	379	113
Mania, recurrent.....	3	4	.....	75	45	5
Mania, chronic.....	54	9	8	528	40	125
Melancholia, acute.....	143	74	11	919	326	148
Melancholia, simple.....	2	.....	.....	2	.....	.....
Melancholia, chronic.....	36	5	13	372	78	117
Alternating (circular) insanity.....	.....	.....	.....	10	1	.....
Paranoia.....	61	.....	1	61	.....	1
General paralysis.....	74	.....	62	367	.....	264
Dementia, primary.....	131	8	56	517	76	251
Dementia, terminal.....	52	6	14	900	16	578
Epilepsy with insanity.....	23	.....	11	249	14	105
Imbecility with maniacal attacks.....	6	.....	3	71	.....	29
Idiocy.....	2	.....	.....	13	.....	5
Not insane*.....	1	.....	.....	12	.....	1

* Includes cases of alcoholism, drug habit, etc.

Long Island State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

CUREABLE CONDITIONS.	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Melancholia in acute forms..	14	18	32	52	41	93	66	59	125
{ First admission									
{ Second admission ..	1	2	3	1	2	3	2	4	6
{ Third admission . . . . .	.....	.....	.....	2	1	3	2	1	3
Mania in acute forms	16	13	29	47	39	86	63	52	115
{ First admission	1	3	4	1	7	8	2	10	12
{ Second admission ..	.....	.....	.....	.....	3	3	.....	4	4
{ Third admission . . . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other curable forms	6	6	12	3	10	13	9	16	25
{ First admission . . . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Second admission ..	.....	3	3	1	.....	1	1	3	4
{ Third admission	1	2	3	.....	.....	.....	1	2	3

Long Island State Hospital—Annual Report

Table No. 5—(Continued).

LENGTH OF INTERVAL OF COMPLETE IMMUNITY FROM SYMPTOMS OF INBANTY IN CASES PREVIOUSLY DISCHARGED RECOVERED — NOW READMITTED.																			
CURABLE CONDITIONS.		UNDER 3 MONTHS.		FROM 3 MONTHS TO 1 YEAR.		FROM 1 TO 2 YEARS.		FROM 2 TO 3 YEARS.		FROM 3 TO 4 YEARS.		FROM 4 TO 5 YEARS.		BETWEEN 5 AND 10 YEARS.		AVERAGE LENGTH OF IMMUNITY.			
		Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Years.	Months.	Years.	Months.	Men.	Women.
Melancholia in acute forms.	First ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad-mission.	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	5	4	...
	Third ad-mission.	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	11½	...	2
Mania in acute forms.	First ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad-mission.	...	...	1	3	...	1	1	...	...	...	...	1	...	...	...	6	2	6
	Third ad-mission.	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	2	...
All other curable forms.	First ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Second ad-mission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Third ad-mission.	...	...	1	1	...	1	...	1	...	...	...	...	...	...	2	...	2	...

Long Island State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in acute forms.	33	30	63	...	8½	...	10½	4	1	5	6	4	10	18	24	42
	2	4	6	6	6	5	5	...	...	...	...	...	...	...	...	...
	2	1	3	...	6	...	5	...	...	...	...	...	...	...	...	...
Mania in acute forms.	36	26	62	...	7½	...	10	1	1	2	8	3	11	18	22	40
	2	9	11	...	8	...	7	...	1	1	...	1	1	...	...	...
	...	3	3	...	...	...	7	...	...	...	...	...	...	...	...	...
All other curable forms.	9	15	24	...	7½	...	11	...	...	...	...	...	...	...	1	1
	...	3	3	...	...	...	10½	...	...	...	...	...	...	...	...	...
	1	1	2	...	...	...	9	...	...	...	...	1	1	...	...	...

Long Island State Hospital—Annual Report

TABLE No. 6.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	13	18	31	1	2	3	111	151	262	39	14	53
One to three months.....	11	24	35	18	15	33	97	120	217	99	75	174
Three to six months.....	7	10	17	22	25	47	40	47	87	140	142	282
Six to nine months.....	4	4	8	16	17	33	19	20	39	76	102	178
Nine months to one year.....	1	1	2	13	12	25	7	9	16	47	71	118
One year to eighteen months..	2	3	5	12	10	22	6	5	11	39	54	93
Eighteen months to two years.	.....	.....	.....	.....	4	4	5	2	7	13	16	29
Two to three years.....	.....	.....	.....	4	3	7	3	2	5	8	10	18
Three to four years.....	1	.....	1	3	.....	3	3	2	5	10	3	13
Four to five years.....	2	.....	2	.....	2	2	2	1	3	3	2	5
Five to ten years.....	1	.....	1	1	2	3	3	3	6	4	6	10
Ten to twenty years.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	1	1
Thirty-five to forty years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Not insane*.....	2	.....	2	2	.....	2	2	.....	2	2	.....	2
Unascertained.....	48	32	80	.....	.....	.....	181	134	315	.....	.....	.....
Total.....	92	92	184	92	92	184	481	496	977	481	496	977

*Includes cases of alcoholism, opium habit, etc.

Long Island State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Arterio sclerosis .....	..	..	..	1	..	1
Abscess .....	..	..	..	1	2	3
Asphyxia	1	1	2	9	3	12
Acute articular rheumatism .....	..	..	..	..	1	1
Aneurism .....	..	1	1	1	1	2
Acute nephritis	3	7	10	27	36	63
Asthenia .....	..	..	..	13	71	84
Asthenia et senectus .....	..	3	3	33	51	84
Cerebral softening	3	2	5	4	2	6
Cerebral hemorrhage	10	8	18	55	65	120
Cerebral embolism .....	..	..	..	1	..	1
Cerebral congestion .....	..	..	..	1	1	2
Cerebral œdema .....	..	..	..	1	..	1
Continued malarial fever .....	..	..	..	..	2	2
Cirrhosis .....	..	..	..	1	2	3
Chronic Bright's disease .....	..	..	..	12	5	17
Chronic bronchitis .....	..	..	..	1	..	1
Chronic mental disease .....	..	..	..	1	2	3
Chronic ostetis .....	..	..	..	1	3	4
Capillary bronchitis .....	..	..	..	3	..	3
Carcinoma .....	..	4	4	9	17	26
Cerebro-spinal sclerosis .....	..	..	..	1	..	1
Diarrhœa	3	5	8	31	47	78
Dysentery	1	2	3	11	12	23
Dementia terminal .....	..	..	..	6	6	12
Exhaustion from chronic mental disease	6	6	12	60	61	121
Exhaustion from burns .....	..	..	..	..	1	1
Exhaustion from acute mental disease	4	4	8	33	20	53
Epistaxis .....	..	..	..	1	..	1
Erysipelas .....	..	..	..	4	1	5
Emphysema .....	..	..	..	6	6	12
Enteritis	1	..	1	6	6	12
Fatty degeneration of liver .....	..	..	..	..	1	1
Foreign body in trachea .....	..	..	..	1	..	1
General paresis	34	7	41	179	32	211
Gastritis .....	..	..	..	5	7	12
Gangrene	1	..	1	6	8	14
General miliary tuberculosis .....	..	..	..	2	2	4
Heart disease	10	17	27	87	85	172
Intestinal hemorrhage .....	..	..	..	..	1	1

Long Island State Hospital—Annual Report

Table No. 7—(Continued).

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Intestinal obstruction.....				4	3	7
Locomotor ataxia				1		1
Measles		1	1		1	1
Meningitis.....	1		1	6	7	13
Myelitis.....					1	1
Œdema of glottis					1	1
Pneumonia	3	5	8	32	33	65
Peritonitis	1		1	2		2
Pulmonary congestion				2		2
Pulmonary œdema	2		2	4	1	5
Pleurisy.....				4	2	6
Phthisis pulmonalis	10	18	28	146	166	312
Pericarditis.....					5	5
Purpura hemorrhagica.....				1	1	2
Pachymeningitis				2		2
Septicæmia.....	2		2	5	7	12
Status epilepticus	4	3	7	48	33	81
Suppurative hepatitis					1	1
Syphilis.....				4		4
Shock.....				1	1	2
Suicide by pistol				1		1
Typhoid fever.....	1		1	20	14	34
Tumor of brain					1	1
Uræmia	2	1	3	4	1	5
Ulcer of the stomach	1		1	2		2
Variola				1	2	3
Strangulated hernia.....				2		2
Total	104	95	199	906	841	1,747

Long Island State Hospital—Annual Report

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During
the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	15	33	48	99	113	212
Maternal branch.....	13	34	47	107	148	255
Paternal and maternal branches	2	4	6	21	37	58
Collateral branches	21	25	46	122	174	296
No hereditary tendency ..	167	128	295	945	735	1,680
Unascertained	140	147	287	1,231	1,239	2,470
Total	358	371	729	2,525	2,446	4,971

Long Island State Hospital—Annual Report

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	169	147	316	1,198	921	2,119
Married	157	167	324	1,060	1,044	2,104
Widowed	32	54	86	246	469	715
Divorced .....	.....	1	1	.....	2	2
Unascertained .....	.....	2	2	21	10	31
Total	358	371	729	2,525	2,446	4,971

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	16	.....	16	67	6	73
Academic	6	2	8	51	45	96
Common school	145	178	318	1,077	851	1,928
Read and write	80	74	154	406	335	741
Read only	42	20	62	122	160	282
No education	8	31	39	129	233	362
Unascertained	61	71	132	673	816	1,489
Total	358	371	729	2,525	2,446	4,971

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Who Died
During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.				SINCE OCTOBER 1, 1888.			
	DURATION PREVIOUS TO ADMISSION.		PERIOD UNDER TREATMENT.		DURATION PREVIOUS TO ADMISSION.		PERIOD UNDER TREATMENT.	
	Men.	Women.	Total.		Men.	Women.	Total.	
Under one month	6	9	15	32	59	74	133	214
One to three months	11	17	28	34	88	81	169	205
Three to six months	9	6	15	14	71	55	126	196
Six to nine months	8	4	12	18	48	21	69	119
Nine months to one year	4	.....	4	8	27	14	41	109
One year to eighteen months ..	10	6	16	16	44	23	67	126
Eighteen months to two years ..	1	.....	1	7	23	16	39	76
Two to three years	2	3	5	19	34	25	59	141
Three to four years	3	.....	3	9	18	16	34	95
Four to six years	2	4	6	3	12	21	33	94
Six to ten years	2	.....	2	18	20	16	36	159
Ten to twenty years .....	.....	.....	.....	12	16	18	34	142
Twenty years and over	1	3	4	9	6	6	12	71
Not insane* .....	.....	.....	.....	.....	.....	1	1	.....
Unascertained	45	43	88	.....	440	454	894	.....
Total.....	104	95	199	199	906	841	1747	1747
Average duration of insane life (give years and tenths)			3.8	6.4			4.8	5.8

* Includes cases of alcoholism, drug habit, etc.

Long Island State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years.....				1		1
From 10 to 15 years.....	1	1	2	18	7	25
From 15 to 20 years.....	11	12	23	119	118	237
From 20 to 25 years.....	46	39	85	298	296	594
From 25 to 30 years.....	34	51	85	338	356	694
From 30 to 35 years.....	53	65	118	343	347	690
From 35 to 40 years.....	46	47	93	341	275	616
From 40 to 50 years.....	73	62	135	450	408	858
From 50 to 60 years.....	43	51	94	290	283	573
From 60 to 70 years.....	32	19	51	204	212	416
From 70 to 80 years.....	14	20	34	91	111	202
From 80 to 90 years.....	4	3	7	28	31	59
From 90 to 100 years.....				1	1	2
Unascertained	1	1	2	3	1	4
Total	358	371	729	2,525	2,446	4,971

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years.....	10	4	14	44	41	85
From 20 to 30 years.....	32	35	67	160	207	367
From 30 to 40 years.....	21	27	48	117	127	244
From 40 to 50 years.....	14	19	33	85	72	157
From 50 to 60 years.....	10	5	15	46	27	73
From 60 to 70 years.....	8	2	5	15	17	32
From 70 to 80 years.....				1		1
Unknown				11	5	16
Total	90	92	182	479	496	975

Long Island State Hospital—Annual Report

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and
Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years.....	.....	.....	.....	3	2	5
From 15 to 20 years.....	.....	4	4	15	20	35
From 20 to 25 years.....	.....	5	5	39	38	77
From 25 to 30 years.....	10	9	19	65	65	130
From 30 to 35 years.....	12	7	19	91	82	173
From 35 to 40 years.....	8	4	12	117	73	190
From 40 to 50 years.....	29	16	45	193	147	340
From 50 to 60 years.....	18	16	34	153	140	293
From 60 to 70 years.....	17	19	36	144	160	304
From 70 to 80 years.....	6	11	17	69	82	151
From 80 to 90 years.....	4	3	7	13	27	40
From 90 to 100 years.....	.....	1	1	1	3	4
From 100 and over.....	.....	.....	.....	.....	1	1
Unascertained .....	.....	.....	.....	3	1	4
Total	104	95	199	906	841	1,747

Long Island State Hospital—Annual Report

TABLE No. 15.

Showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	56	79	135
One to three months.....	98	70	168
Three to six months.....	38	25	63
Six to nine months.....	21	18	39
Nine months to one year.....	12	8	20
One year to eighteen months.....	16	17	33
Eighteen months to two years.....	9	3	12
Two to three years.....	20	13	33
Three to four years.....	6	10	16
Four to five years.....	6	5	11
Five to ten years.....	10	13	23
Ten to fifteen years.....	5	5	10
Fifteen to twenty years.....	1	1	2
Twenty to thirty years.....	1	1	2
Thirty years and upwards.....	1	2	3
Not insane*.....	1	.....	1
Unascertained.....	57	101	158
Total.....	358	371	729

* Includes cases of alcoholism, morphia habit, etc.

Long Island State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Asylum of Patients Remaining Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	35	32	67
One to three months	44	35	79
Three to six months	77	57	134
Six to nine months	51	57	108
Nine months to one year	35	38	73
One year to eighteen months	65	76	141
Eighteen months to two years	66	62	128
Two to three years	101	122	223
Three to four years	96	104	200
Four to five years	74	77	151
Five to ten years	257	370	627
Ten to fifteen years	134	229	363
Fifteen to twenty years	57	104	161
Twenty to thirty years	67	126	193
Thirty years and upwards	18	48	66
Not insane*	2	.....	2
Total	1,179	1,537	2,716

*Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17.

Showing the Occupation of Those Admitted During the Current Year and Since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.	16	3	19	89	5	94
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, shopmen, stenographers, typewriters, etc.	53	.....	53	414	.....	414

Long Island State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	15	.....	15	43	.....	43
Mechanics, at outdoor vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	68	.....	68	408	.....	408
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc....	59	.....	59	551	1	552
Domestic service:						
Waiters, cooks, servants, etc.....	9	151	160	87	621	708
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.....	4	154	158	20	1,401	1,421
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc.....	.....	1	1	.....	24	24
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	1	29	30	25	201	226
Miners, seamen, etc.....	13	.....	13	44	.....	44
Prostitutes.....	.....	.....	.....	.....	30	30
Laborers.....	100	.....	100	662	.....	662
No occupation.....	14	30	44	127	128	255
Unascertained.....	6	3	9	55	35	90
Total.....	358	371	729	2,525	2,446	4,971

Long Island State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Alsace				1		1
Arabia				1		1
Australia				1		1
Austria		4	4	14	10	24
Azore Islands					1	1
Bavaria				4		4
Bohemia	1	2	3	3	3	6
Belgium				3		3
Born at sea				1		1
Canada	4	2	6	44	18	62
Canary Islands				1		1
China	1		1	9		9
Corsica				1		1
Denmark	3	3	6	10	9	19
England	14	12	26	108	99	207
Finland	2		2	6	3	9
France	1	3	4	15	18	33
Germany	50	60	110	386	374	760
Holland		2	2	3	3	6
Hungary	2		2	15	4	19
Iceland				1	1	2
India					1	1
Italy	3	4	7	31	25	56
Ireland	64	106	170	496	765	1,261
Japan				3		3
Madeira					1	1
Mexico				1		1
New Zealand				1		1
Norway	4	5	9	33	15	48
Nova Scotia				1		1
Panama				1		1
Poland	4	4	8	16	15	31
Prussia					1	1
Roumania	1		1	5		5
Russia	3	5	8	25	34	59
Saxony				1		1
Scotland	3	1	4	28	26	54
Spain				6	1	7
Sweden	8	7	15	44	57	101

Long Island State Hospital—Annual Report

Table No. 18—(Concluded).

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Switzerland	4	.....	4	11	6	17
Turkey (Asia).....	.....	.....	.....	.....	1	1
United States	182	146	328	1,173	938	2,111
Wales .....	.....	2	2	3	4	7
West Indies.....	.....	.....	.....	5	7	12
Unknown	4	3	7	14	6	20
Total	358	371	729	2,525	2,446	4,971

Of the total number admitted since the 1st of October, 1888, the parents of 83.9 per cent. were both of foreign birth.

In 3.67 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.07 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Long Island State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany			
Allegany			
Broome			
Cattaraugus			
Cayuga			
Chautauqua			
Chemung			
Chenango			
Clinton			
Columbia			
Cortland			
Delaware			
Dutchess			
Erie	1		1
Essex			
Franklin			
Fulton			
Genesee			
Greene			
Hamilton			
Herkimer			
Jefferson			
Kings	582	2	584
Lewis			
Livingston			
Madison			
Monroe			
Montgomery			
New York	42		42
Niagara			
Oneida			
Onondaga			
Ontario			
Orange			
Orleans			
Oswego			
Otsego			
Putnam			
Queens	63		63
Rensselaer			
Richmond			
Rockland			
St. Lawrence			

Long Island State Hospital—Annual Report

Table No. 19—(Concluded).

COUNTIES.	Public.	Private.	Total.
Saratoga.....
Schenectady
Schoharie.....
Schuyler.....
Seneca.....
Steuben
Suffolk	29	.....	29
Sullivan
Tioga
Tompkins.....
Ulster.....
Warren.....
Washington.....
Wayne
Westchester.....
Wyoming.....
Yates
State patients	10	.....	10
Total.....	727	2	729

Long Island State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany						
Allegany						
Broome						
Cattaraugus						
Cayuga						
Chautauqua						
Chemung						
Chenango						
Clinton						
Columbia						
Cortland						
Delaware						
Dutchess						
Erie	1		1			
Essex						
Franklin						
Fulton						
Genesee						
Greene						
Hamilton						
Herkimer						
Jefferson						
Kings	1,140	1,460	2,600		2	2
Lewis						
Livingston						
Madison						
Monroe						
Montgomery						
New York		38	38			
Niagara						
Oneida						
Onondaga						
Ontario						
Orange						
Orleans						
Oswego						
Otsego						
Putnam						
Queens	24	22	46			

Long Island State Hospital—Annual Report

Table No. 20—(Concluded).

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Rensselaer						
Richmond						
Rockland						
St. Lawrence						
Saratoga						
Schenectady						
Schoharie						
Schuyler						
Seneca						
Steuben						
Suffolk	13	6	19			
Sullivan						
Tioga						
Tompkins						
Ulster						
Warren						
Washington						
Wayne						
Westchester						
Wyoming						
Yates						
Unascertained	1	9	10			
Total	1,179	1,535	2,714	.....	2	2

1858

NINTH ANNUAL REPORT OF THE

SECOND ANNUAL REPORT
OF THE
MANAGERS
OF THE
MANHATTAN STATE HOSPITAL
AT NEW YORK, N. Y.,
TO THE
STATE COMMISSION IN LUNACY,
For the Year Ending September 30, 1897
TRANSMITTED TO THE STATE COMMISSION IN LUNACY

CHAPTER 40

Second Annual Report of the Managers of the Manhattan State Hospital

OFFICERS

BOARD OF MANAGERS.

HENRY E. HOWLAND,	GEORGE E. DODGE,
ELEONORA KINNICUTT,	JOHN McANERNEY,
ISAAC N. SELIGMAN,	ALICE PINE,
HENRY H. HOLLISTER.	

OFFICERS OF THE BOARD.

HENRY E. HOWLAND.....	President.
GEORGE E. DODGE.....	Secretary.
WILLIAM H. KIMBALL.....	Treasurer.

RESIDENT MEDICAL OFFICERS.

A. E. MACDONALD, LL. B., M. D.....General Superintendent.

Medical Superintendents.

E. C. DENT, M. D.,	G. A. SMITH, M. D.,
PERCY BRYANT, M. D.	

First Assistant Physicians.

HERMAN C. EVARTS, M. D.	J. T. W. ROWE, M. D.
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Second Assistant Physicians.

LOUIS C. PETTIT, M. D.	ARCHIBALD CAMPBELL, M. D.
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Assistant Physicians.

DWIGHT S. SPELLMAN, M. D.	G. B. CAMPBELL, M. D.
MARCUS B. HEYMAN, M. D.	BENJAMIN R. LOGIE, M. D.
W. B. MOSELEY, M. D.	R. F. MONETTE, M. D.
WM. J. FURNESS, M. D.	A. O. DELACROIX, M. D.
JOHN RIORDAN, M. D.	H. G. GIBSON, M. D.
H. A. BOND, M. D.	C. BJERRING, M. D.

Manhattan State Hospital—Annual Report

Junior Physicians.

LOUIS WALTHER, M. D.	C. G. BRINK, M. D.
WM. O. CUTLIFFE, M. D.	GUY S. PETERKIN, M. D.
FRANK H. MAGNESS, M. D.	JOHN W. WICKLIFFE, M. D.
JOHN R. KNAPP, M. D.	P. A. PHILLIPS, M. D.
PAUL G. TADDIKEN, M. D.	T. I. TOWNSEND, M. D.
ARTHUR B. WRIGHT, M. D.	WILLIAM HOUSE, M. D.
J. M. KEYES, M. D.	J. A. HILL, M. D.
C. J. PATTERSON, M. D.	S. H. M ^{AG} GILLVARY, M. D.
FRANK G. HYDE, M. D.	A. HEGER, M. D.
H. C. ELLIOTT, M. D.	B. R. NAIRN, M. D.

Women Physicians.

F. H. COLE, M. D.	ANNE E. HUTCHINSON, M. D.
-------------------	---------------------------

Medical Internes.

EDWARD G. ALDRICH, M. D.	A. P. MUIR, M. D.
CHARLES E. NORRIS, M. D.	HARRY R. HUMPHRIES, M. D.
W. G. RYON, M. D.	W. H. COE, M. D.
C. FLOYD HAVILAND, M. D.	ROBERT MASON, M. D.
J. W. TRAVELL, M. D.	

H. E. COLE.....Steward.

Manhattan State Hospital—Annual Report

REPORT OF MANAGERS

To the State Commission in Lunacy:

In compliance with the requirements of the insanity law, the Managers of the Manhattan State hospital beg to herewith present their second annual report for the year ending September 30, 1897. The treasurer's report and the general superintendent's report are also incorporated in the report of the managers.

REPORT OF STANDING OR SPECIAL COMMITTEES.

The following committees have been in active operation during the last year :

Finance committee.—Henry H. Hollister, chairman, John McAnerney and Isaac N. Seligman.

House and visiting committee.—Eleonora Kinnicutt and George E. Dodge.

Building committee.—Henry H. Hollister, Eleonora Kinnicutt and George E. Dodge.

The finance committee has been particularly active during the whole year in attending to the opening of proposals of all kinds, and awarding contracts for buildings, for charter of steamers, and lease of piers, and work of that character.

The members of the visiting committee have made constant inspection of the several branches of the hospital, and have reported the results of these inspections at the regular monthly meetings of the Board.

CONDITION OF THE INSTITUTION.

The general condition of the buildings under the charge of our Board is fairly good. The new buildings that have been provided by the State, particularly at Ward's Island and at Central Islip, have proved themselves of great benefit in our work, and will constantly grow more useful every day. The new laundry at Ward's Island and the new power house at the same place, when

Manhattan State Hospital—Annual Report

fully completed and in running order, will be models of their kind, and will add greatly to the efficiency of the management.

The new kitchen and new cottage built at Central Islip are also first class in every respect, and of great value to our institution.

Our Board have received with great pleasure the information given them by your Commission that very shortly arrangements will be made for forming a new colony at Central Islip to provide for from 1,000 to 1,500 patients. This will enable us, with the new building projected for Ward's Island, to take care of all the patients now on Blackwell's Island and Hart's Island.

The situation at Central Islip is particularly favorable for our work as the climate is mild throughout the whole year, and we are able to give the patients almost constant out door work of some kind or other. This keeps them quiet and interested and helps them to sleep at night without any disturbance.

STATE OF REPAIR.

Necessary repairs have been made in all departments of the hospital, the most important being the repair of three wards in the male department at Ward's Island, where a serious fire took place. These wards have been entirely renovated and are now ready for occupation, and will take care of 80 to 90 patients. Our own carpenters and help through the medium of the workshops arranged for us have done constant small repairs throughout the whole year in all departments of the hospital.

SANITARY CONDITION.

The sanitary condition of the buildings has improved very much during the last year. In all the new buildings the most modern and best class of plumbing has been adopted, and in the old buildings, as far as possible, the plumbing has been carefully gone over and made safe and useful.

In this connection, we beg to call the attention of your Commission to the very important matter of the sanitary condition

Manhattan State Hospital—Annual Report

at Central Islip. No plan has yet been arranged for the disposal of the sewage from the buildings in the first colony, and if a second colony is soon to be formed, it is of great importance that this sewage question shall be at once arranged for. Mr. Hollister of our Board has presented to your Commission an estimate from Col. Waring, of national reputation, for a system of sewage which would avoid all trouble at Central Islip, and we most sincerely request that your Commission will look carefully into this matter, and decide, if possible, to allow Col. Waring to arrange for the sewage of both colony No. 1 and of the proposed colony No. 2.

NEW BUILDINGS NEEDED; REASONS, ETC.

We would beg to call your attention to a few of the new buildings that are urgently needed by us. First, at Ward's Island we are greatly in need of the building that has been talked of for some time for disturbed patients to be erected near the present woman's annex of the female department. When this building is erected, it will enable us at once to move from Blackwell's Island many cases of disturbed patients that cannot be sent to Central Islip or other places in the State.

We are also greatly in need at Ward's Island of a proper building, to be erected near our new dock, for purposes of cold storage, and for holding freight of different kinds that may be sent to the island. This building will include a butcher shop, and will have appliances for taking care of all of our meat and other provisions as fast as they are brought to the island.

It will be a great saving and economy to the whole management of the island when we can once have this building in full commission. The new colony that we have mentioned for Central Islip will also come under this head. As we understand that you fully appreciate the value of this new colony, it is not necessary to say anything further in regard to it.

Manhattan State Hospital—Annual Report

WORKING FORCE OF THE HOSPITAL.

The working force of the hospital, including all the physicians, employes, nurses and attendants of different kinds has been quite satisfactory during the past year. We feel that we are constantly acquiring a better class of help of all kinds who are interested in their work, and who are contented with their positions and willing to do what they can to promote the best interests of the institution. This will all be greatly helped as soon as we have sufficient buildings to accommodate all the attendants in comfortable quarters.

We should still beg to call your attention to the fact that a great many of the people on our pay-roll are poorly paid. Many of the help are receiving less salary or wages than they would get in ordinary domestic service in New York. If we are to maintain the proper discipline, and improve all departments of our hospital, we must be allowed to hire attendants who will be entirely satisfied with all their surroundings, and who will be willing to make more or less of a life work of their duties.

GENERAL MANAGEMENT OF THE HOSPITAL.

Our board wish to report that the general management of the hospital, under the care and supervision of the general superintendent, Dr. A. E. Macdonald, is entirely satisfactory. We find Dr. Macdonald a most efficient officer, and all the employes under his charge are kept in thorough order and discipline. Dr. Macdonald is kept very busy, night and day, in watching the interest of the hospital, and he never spares himself in any way. We do not feel that we could find a better man to take charge of our large institution.

For the board of managers.

GEO. E. DODGE,
Secretary.

Manhattan State Hospital—Annual Report

REPORT OF THE TREASURER

NEW YORK, November 5, 1897.

HON. HENRY E. HOWLAND, *President, etc.*:

Sir.—I have the honor to report the following receipts and disbursements from September 30, 1896, to October 1, 1897:

RECEIPTS—GENERAL FUND.

Balance on hand October 1, 1896.....	\$38,311 17
From State Treasurer for maintenance on estimates 1 to 12.....	1,322,753 16
From reimbursing patients.....	6,692 01
From all other sources.....	2,201 72
Total receipts for maintenance.....	\$1,369,958 06

DISBURSEMENTS—GENERAL FUND.

Estimate No. 1.—For officers' salaries.....	\$60,694 09
Estimate No. 2.—For wages	410,323 08
Estimate No. 3.—For provisions and stores....	527,462 85
Estimate No. 4.—For ordinary repairs.....	38,081 32
Estimate No. 5.—For farm and grounds.....	18,464 19
Estimate No. 6.—For clothing	97,292 72
Estimate No. 7.—For furniture and bedding...	47,617 77
Estimate No. 8.—For books and stationery....	6,338 64
Estimate No. 9.—For fuel and light.....	83,329 59
Estimate No. 10.—For medical supplies.....	13,074 51
Estimate No. 11.—For miscellaneous expenses..	56,779 03
Estimate No. 12.—For transportation	87 77

Total disbursements, estimates 1 to 12, inclusive	\$1,359,545 56
Balance on hand, October 1, 1897.....	10,412 50
	\$1,369,958 06

Manhattan State Hospital—Annual Report

RECEIPTS—SPECIAL FUNDS.

From State Comptroller.....	\$403,892 78
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DISBURSEMENTS—SPECIAL FUND.

Vouchers	\$403,892 78
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Very respectfully,

W. H. KIMBALL,

Treasurer.

REPORT OF THE GENERAL SUPERINTENDENT

OFFICE OF THE GENERAL SUPERINTENDENT,

NEW YORK, *October 14, 1897.*

HON. HENRY E. HOWLAND, *President, Board of Managers:*

My Dear Sir.—I have the honor to present herewith, in accordance with the requirements of the statutes, my report of the operations of the Manhattan State Hospital, for the State year ending September 30, 1897, which, with the reports of your Board and its treasurer, and the tables formulated as prescribed by the State Commission in Lunacy, will constitute the hospital's second annual report.

Since the establishment of the hospital, upon the occasion of each of the regular meetings of your Board, I have had the honor to submit to you a summary of the occurrences of the period elapsing since the date of the regular meeting next preceding. These reports I beg to re-submit, in connection with this annual report (appendix "A") so that the detailed history of the hospital may be preserved in a convenient form for reference. I reserve for the present writing only brief reference to matters not fully covered by the reports above referred to.

Manhattan State Hospital—Annual Report

MOVEMENTS OF POPULATION.

The fluctuations in the census of the hospital during the year, and the number of patients under care at its opening and close, respectively, are shown in the first of the following tables, while the distribution of patients as among the several departments of the hospital at the same dates is set forth in the two summaries following.

A net increase of one hundred and thirteen patients is shown for the year, which is very much below the average annual increase. It is proper therefore to explain that in the exercise of the power conferred upon it by the statutes, the State Commission in Lunacy transferred from this hospital forty patients to the St. Lawrence State Hospital at Ogdensburg on January 25, 1897, and fifty patients to the Kings Park division of the Long Island State Hospital on April 1, 1897.

	Male.	Female.	Total.
Number of insane in care of hospital, October 1, 1896	3,155	3,680	6,835
Admitted during the ensuing year	768	769	1,537
Total number under treatment.....	3,923	4,449	8,372
Number of patients discharged during the year.....	376	419	795
Number of patients died during the year.....	310	319	629
Total	686	738	1,424
Number of patients remaining September 30, 1897.....	3,237	3,711	6,948

Number of insane in care of hospital, October 1, 1896.

HOW DISTRIBUTED.	Male.	Female.	Total.
Ward's Island.....	2,063	1,473	3,536
Blackwell's Island.....	.....	733	733
Hart's Island.....	373	1,175	1,548
Central Islip.....	690	299	989
Total	3,155	3,680	6,835

Manhattan State Hospital—Annual Report

Number of insane in care of hospital, September 30, 1897.

HOW DISTRIBUTED.	Male.	Female.	Total.
Ward's Island.....	2,121	1,405	3,526
Blackwell's Island.....		539	539
Hart's Island.....	375	1,175	1,550
Central Islip.....	741	292	1,033
Total.....	3,237	3,711	6,948

AMUSEMENTS.

The favorable report of last year as to the improvements in facilities for providing amusement and entertainment for the patients of the hospital may be repeated with emphasis.

The hospital band, referred to last year as having been recently organized among the employes of the male department, has continued under the efficient instruction of Mr. Charles J. Crowley, bandmaster of the Eighth Regiment, National Guard. With the added twelve months of practice it is now in a very satisfactory stage of proficiency with a repertoire of some one hundred selections. Its services have been extended to the other departments of the hospital, and, under a regular schedule, two performances are given each week at both the male and female departments on Ward's Island, indoor or out, and in the afternoon or evening, according to the season of the year and the condition of the weather. Blackwell's and Hart's Islands are each regularly visited upon one afternoon of each fortnight; and an occasional visit has been made to Central Islip. The last-named visits, however, were found to consume too much time, and to involve considerable expense. Another band has accordingly been organized at the Central Islip department and will very soon, no doubt, render it independent of outside assistance. As the members of the original band have become relatively proficient in the use of brass instruments, steps have been taken to accustom them to the use of reed and string instruments in addition so that a more suitable orchestra may be procured for indoor concerts and dances, while the brass instruments are retained more especially

Manhattan State Hospital—Annual Report

for out-door service. A commencement has also been made in the direction of the organization of a string orchestra among the female attendants in their own department.

Apart from the maintenance of the bands, the allowance for amusements, which is at the rate of three cents a week for each patient, provides concerts and theatrical and other entertainments by employed professionals, and for the purchase of indoor and out-door games, etc.

TRAINING SCHOOL.

As required by the statutes creating the Manhattan State Hospital a training school for attendants was opened upon the 1st of October, 1896, with branches in the four departments. This training school, in common with those of the other State hospitals, is governed by regulations of uniform application. The attending pupils are divided into two classes, senior and junior, and two years' attendance, one upon either class, are necessary before graduation. The school year is divided between terms and vacations in the usual way, and the teaching, by the physicians and other officers of the hospital, is both oral and practical, bedside instruction, and demonstrations of methods of cooking for the sick, massage, etc., etc., alternating with the study of textbooks and examinations thereupon. Two formal examinations are held each spring by a committee of examiners selected from among the superintendents of the State hospitals, one of the pupils of the junior class for promotion to the senior class, and one of the members of the latter for graduation. To those successful in passing the latter a diploma is issued over the signatures of the examiners and the officers of the hospital. Examinations are also held by the officers of individual hospitals by which are determined the entrance of applicants upon the roll of the school, and their fitness to present themselves for the more formal examinations for promotion from the junior class and for graduation.

Manhattan State Hospital—Annual Report

It is entirely optional with the attendants whether they will or will not enter the school, but inducements are held out to them in the form of increased remuneration in the several grades of service for those who pass through the school as compared with those who do not. Preference, too, in promotion is given to the former, and some appointments, matronships, for example, are open only to graduates.

The organization of the school was not, at its inception, as fully satisfactory as could have been desired. The attendants, generally, had suffered, through the transfer from the city to State control, serious reductions of wages, and had been required to purchase for themselves uniforms which, under the city, had been supplied to them without cost. They were, therefore, in a mood to see in attendance upon the training school only an additional expense for text-books, and a sacrifice, in study and attendance upon classes, of a considerable share of the hours, already scant enough, which remained to them for rest and recreation from the exactions of their regular duties. The number joining the training school at the outset, therefore, bore but a small proportion to the entire number of attendants in the service, and many of those who did enroll themselves became tired and discouraged and withdrew from the classes. At the close of the junior year, consequently (there was, of course, the school being newly organized, no senior class), but ninety-seven pupils were considered by the hospital staff to be qualified to attempt the general examination, and of these but seventy-five succeeded in passing the committee of examiners.

During the summer vacation, the interval between the examination just referred to in May and the reopening of the school in the last week of September, a more encouraging attitude has shown itself upon the part of the attendants. While the hoped-for increase in the scale of wages has not been forthcoming, and while uniforms and text-books are still a matter of individual expense, in other directions the position of the attendants and other employes has undergone decided amelioration and improve-

Manhattan State Hospital—Annual Report

ment. While a full corps of attendants has not yet been obtained, delays in the completion of the homes intended for their occupancy having rendered the housing of the full complement impossible, substantial additions, and consequent lightening of the average labors of individuals have been made, and they have greater comfort in their environment—though much still remains to be done—notably in the furnishing of their rooms and in the preparation and service of the meals. When there has been added to this the recognition of the fact that for those who propose to remain in the service, the way to promotion and increased remuneration lies through the training school the result was not hard to determine. Of those who passed the junior examination in the spring sixty-seven remain and constitute the present senior class, while the new junior class commences with three hundred and thirty-seven members as against two hundred and seventy-four last year.

IMPROVEMENTS—NEW BUILDINGS.

In my report of a year since a list of the new buildings in course of construction upon October 1, 1896, was given as follows:

BUILDING.	Cost.	Date of contract.	Stipulated date of completion.
Frame cottage for male employes, Central Islip.	\$27,845 00	Aug. 18, 1896	March 1, 1897
Building for female employes, Ward's Island. . .	56,563 00	Aug. 18, 1896	May 1, 1897
Workshops and employes' rooms, Ward's Island.	46,217 83	Aug. 17, 1896	May 1, 1897
Kitchen building connecting with the Verplanck building, Ward's Island.	18,267 00	Sept. 9, 1896	Dec. 26, 1896
Laundry building, Ward's Island	25,100 00	Oct. 1, 1896	Jan. 21, 1897

Of these five buildings no single one is completed at the close of the year covered by this report, September 30, 1897, although, in each case, the period stipulated in the contract has been far exceeded. In certain cases, however, the buildings and appliances were so far advanced that they could be occupied although not completed, and in view of the overcrowding, and of the urgent need for improved cooking and washing facilities, this course

Manhattan State Hospital—Annual Report

was determined upon. Accordingly, the new kitchen building was occupied in the middle of July, a complete set of kitchen apparatus of modern and improved type having been placed in it as soon as the delay in the execution of the building contract permitted. This plant was obtained by the direct agency of the hospital's officers, under estimates submitted to the State Commission in Lunacy, and differs from the ordinary outcome of advertised contract work both in its better quality and greater promptness of execution. The use of this new kitchen has greatly improved the preparation and service of the meals, and has materially enhanced the comforts and satisfaction of both patients and employees.

Similarly, the new laundry building has been put in service within the last few days, and gives promise in its own direction of as conspicuous an improvement as has resulted from the utilization of the new kitchen and plant, so soon as defects in planning and construction shall have been remedied, and the completion of the work attained. A laundry plant was obtained in the same manner as that for the kitchen, and with similar results.

The home for female attendants and the rooms for the male employes in the upper story of the workshops building were occupied in part in August, although, as before stated, neither building is even yet fully completed and ready for occupancy. Unless defects in the arrangements for heating them are remedied before the arrival of really cold weather, it is quite possible that they may have to be again temporarily evacuated.

When fully occupied these buildings are expected to provide for 100 male and 150 female employes, and to give them comfortable bed-rooms, with sitting-rooms, bath-rooms, etc., in lieu of the crowded and uncomfortable quarters which they have heretofore occupied, the discomfort in the case of the female attendants having been added to by the fact that these make-shift quarters were in immediate proximity to the wards, within full hearing and sight of the patients, and that virtually they worked

Manhattan State Hospital—Annual Report

during the day and slept at night in the same atmosphere and surroundings. In the case of the male employes their comfort was still further provided for by the construction of a roomy and pleasant dining-room in connection with the new kitchen. A similar provision for the female employes, through reconstruction of the older building from which the kitchen was removed to the new, has been advocated but not yet secured.

The male employes who will make up the complement of the occupants of the new quarters are in part the clerks and other members of the office force of the administration department, and employes performing duty under that department, as policemen or, in various capacities, upon the boats and piers. In greater part, however, they are employed by the female department, in the store-rooms, the boiler-rooms, kitchen and butcher-shop, or as watchmen, drivers and mechanics. Prior to the opening of the new building many of them had to live in the city for want of room upon the island, and those for whom accommodation was found obtained it at the cost of the regular employes of the male department by overcrowding the employes' building erected for, and assigned to, the latter. Apart from this the engagement of several needed employes had been deferred for sheer want of room. With the removal of the female department's employes from the male attendants' home, the recall of those living in the city, and the increase of the force to its necessary capacity, the 100 beds provided will hardly suffice to serve the purpose of their provision. No relief, therefore, direct or indirect, of the overcrowding of the patients results from this improvement. In the case of the home for female attendants the circumstances differ but little. Of the 150 attendants to take advantage of its opening, 60 had been occupying rooms intended for patients, and these rooms, of course, reverted to their original purpose. Beyond that, however, there was no relief, even indirect, of the patients' overcrowding. Most of the attendants, apart from those just mentioned, had been crowded into quarters which, even when evacuated by them, could not be made

Manhattan State Hospital—Annual Report

available for patients, and here, too, as in the case of the men, the staff was inadequate, owing to inability to provide sleeping accommodations, and its necessary enlargement followed the partial relief of the overcrowding.

The attendants' home at the Central Islip department, planned for the accommodation of 100 male attendants, remains at the close of the year uncompleted and unoccupied. For this condition of affairs, particularly in the case of this building, there seems to be no valid reason. The original contract for the building required its completion upon the first of March, or seven months ago, and the minor or supplementary contracts for heating, lighting and plumbing could readily have been executed and completed by the same date. But the usual delays upon the part of the several contractors, the usual interference, or complaint of it, one with another, and the equally usual discovery of mistakes and conflict in the requirements of the plans, have left the situation as it is, and without any apparent prospect of speedy amelioration.

During the year contracts have been entered into for the buildings comprised in the following list, minor contracts, for plumbing, steam fitting, electric-lighting, fittings, etc., being made at the same time or shortly afterward.

BUILDING.	Cost.	Date of contract.	Stipulated date of completion.
Erecting and finishing building on pier foot E. 118th street.....	\$11,447 00	June 21, 1897	Oct. 25, 1897
Building for Central power and heating plant, Ward's Island.....	21,068 00	July 29, 1897	Dec. 1, 1897
Kitchen Building, Central Islip.....	24,194 00	July 29, 1897	May 1, 1898

A contract was also made on January 22d with William H. Jenks, for the sum of \$13,866, for erecting and finishing a pier at Ward's Island. This contract was required, under one of its stipulations, to be completed on or before April 15th. As a matter of fact it was completed upon April 6th, and therefore enjoys the unique distinction of being the only building-contract

Manhattan State Hospital—Annual Report

entered into by the Manhattan State hospital to be made and carried out within the same State year, or within the period prescribed by its terms.

The second year of the hospital closes then without the actual completion of any building operations, with the single exception of the pier just mentioned, initiated since its absorption by the State. It also closes without even the commencement of any building operations providing directly for the accommodation of patients and consequently for the relief of existing overcrowding, and for usual and natural increases to be expected.

Immediately following the transfer—on February 28, 1896—of the New York city asylums to the care of the State, your Board submitted a list of buildings judged necessary to carry out the plainly declared purpose of the transfer—the provision for the patients of this locality of accommodations equal to those provided by other State hospitals. When the close of the first State year arrived without progress in that direction, the first official report of your Board to the State authorities renewed the appeal and re-stated the list. The second year closes with no change in the situation so far as buildings for the actual housing of the insane are concerned, and the second annual report, while it need not be burdened with another repetition of the list, must reiterate the same appeal. It is true that two of your recommendations have been so far acted upon as to lead to the preparation of plans, and, in one case, this was followed by the submission of proposals. But for reasons to be hereafter stated, the award of a contract did not follow.

The two recommendations referred to covered the building of an additional wing of what is called the "Branch Building" on Ward's Island, and the erection of three pavilions and a dining room at Central Islip. The latter was simply the carrying out of an old plan under which a colony consisting of four groups, containing in each three pavilions and a dining room, had been provided for. Three of these groups had been erected by the city of New York in 1894, but lack of funds had left the fourth group

Manhattan State Hospital—Annual Report

in abeyance. In view of the fact that the plans already prepared were, with slight changes and improvements made by the State architect, at once available, and that provision for heating, lighting, draining, etc., was already at hand, this was looked upon as the most obvious and expeditious measure for relief. The plans did not, however, find favor with the Commission in Lunacy, and the work has not yet been commenced.

The additional wing at Ward's Island was intended not only to relieve the overcrowding generally, but to provide especially for a particular class—the violent and disturbed patients, requiring single rooms for their occupancy. By the transfer of the female patients from Blackwell's to Ward's Island a loss of rooms of this character in proper proportion to larger dormitories had been entailed, and this proper proportion it was thus sought, incidentally, to restore. The Commissioners in Lunacy in office at the date of the transfer to the State objected strenuously to general provision for additional patients at Ward's Island, holding that such provision should be made upon the land at Central Islip, the permanent property of the State, instead of at Ward's Island, held under a lease, terminable by the city upon prescribed notice. To the building on Ward's Island for the particular class named no objection was presented, but it followed that smaller rooms only could be provided. This, of course, increased the relative cost of the building, and, as it proved, increased it beyond the limit—\$550 a bed—recently established by legislation. As a consequence no contract could be awarded, all the proposals, when opened, proving to be in excess of the limitation. Changes in the composition of the Commission, and consequently in its views upon this subject, have resulted in the preparation of new plans, which by enlarging the number of patients to be accommodated, and by combining single rooms and dormitories under the same roof, are expected to bring the entire cost of construction within the stipulated rate.

The statutory provision referred to is a most unfortunate one for this hospital. Enacted only in May, 1896, but two months

Manhattan State Hospital—Annual Report

after the entrance of this hospital upon the State roll, it is generally regarded as having been intended as a protest against, and preventive of, extravagant expenditures in building, for which some of the older State hospitals had been criticised.

The exact requirement of the provision is that:

“The cost of such buildings as are to be occupied by patients erected on the grounds of existing State hospitals, including the necessary equipment for heating, lighting, ventilating, fixtures and furniture, shall in no case exceed the proportion of \$550 per capita for the patients to be accommodated therein.”

The older hospitals which, if the general opinion as to the origin of this proviso is correct, had by their extravagance incited it, did not greatly suffer from its effects. With full provision for the patients already in their care, not only in the buildings actually occupied by them, but in the accessories, such as administrative offices, kitchens, laundries, heating and lighting plants, etc., they could readily enough add cottages for the simple housing of the quieter patients within the limit of cost allowed. The hardship fell mainly upon the Manhattan State Hospital where there had been no suspicion of extravagant expenditure; where, in fact, for many years, there had been scarcely any expenditure at all. The buildings which had been erected there were of the cheapest and poorest character, many of them avowedly only for temporary use; and meagre as were the accommodations furnished by them, the kitchens, laundries, etc., were even less adequate for their requirements. Further hardship has been encountered through an interpretation of the law which makes more stringent than its strict letter would suggest, the limitation of cost. Although, by its wording, the provision would plainly seem to apply only to buildings intended for patients, it was held to apply to the home for female attendants, before referred to, and to other buildings of a similar class. As a consequence, to at all bring the cost of construction and furnishing within the limit, it became necessary, among other things, to reduce the size of the attendants' rooms to the smallest habitable limit. Even with

Manhattan State Hospital—Annual Report

the compulsory adoption of a bed of the folding pattern, and the exclusion of all but the most necessary furniture, the occupants are cramped and uncomfortable.

It is hoped that early in the future a different policy may result from a better understanding of the hospital's needs and claims. The inducements which were held out by the advocates of State care, and which were ultimately accepted in good faith by the city, made prominent the prospect of immediate extensions of buildings and appurtenances which should relieve the overcrowding and admitted defects, and place this hospital upon a par in these respects with those already in the State system. This prospect was again made prominent when, a year later, the Legislature was besought to increase the annual appropriation for the State care of the insane. The needs of the Manhattan State Hospital were eloquently set forth as the principal justification for the enlarged demand, and the successful issue of the appeal was generally attributed to recognition of that hospital's necessities. It had been openly suggested by the controlling authorities that some \$400,000 would be applied, from the increased appropriation to buildings upon the premises of this hospital; after the appropriation was made, different counsels seemed to prevail, and instead of an immediate commencement of operations here, the possibility of providing buildings in other parts of the State and of transferring the New York city patients thereto came to be talked of. The expenditure of less than \$60,000 for building in connection with this hospital has been arranged for since the action of the Legislature, in May last, made about half a million dollars additional available for this and kindred purposes.

One hundred and ninety patients have, since the entrance of this hospital into the State system, been transferred to other State hospitals, and a further draft of 250 patients has already been ordered by the State Commission. How far this procedure may be accepted as a satisfactory solution of the difficulty, and a satisfactory substitute for the course before outlined, is

Manhattan State Hospital—Annual Report

an open question. The State hospitals to which transfers have thus far been made are those at Willard, at Ogdensburg, at Binghamton, and at Kings Park, Long Island. The first two named are the most remote from this city. Up to this time it has been possible to select patients for transfer who had no relatives in this neighborhood, and this has been made an essential qualification in the selection. But other qualifications have been urged, or even stipulated. The patients must be in good general health, cleanly, comparatively quiet, and those able to perform work of some kind have been especially asked for. These requirements have been met so fairly as to occasion surprise to the superintendents receiving the patients, though, of course, this hospital has suffered in the process, its proportion of weak, uncleanly, disturbed and non-working inmates relatively increasing. But a point has been reached now where it will be impossible to follow this course much longer and the patients composing future drafts must be, in one or other respects, of less desirable character to the hospital receiving them. With this it will be necessary to transfer patients who have friends who desire to visit them, and a grave question will arise as to the justice of their removal to the remote borders of the State.

To sum up, then, the position of affairs at this hospital at the close of the second year of its existence as a State Hospital, may be stated as follows:

The census of the hospital has been increased during the year by one hundred and thirteen, the number of admissions exceeding to that extent the number of discharges, deaths and transfers.

To offset this increase there has been no direct provision of accommodations, but a net gain of sixty beds has resulted from the opening and occupation of the attendants' home and the home for male employes at Ward's Island.

One hundred and fifty-one patients were dispossessed by the burning of the wing of the main building of the male department

Manhattan State Hospital—Annual Report

last March, and this wing has not yet been restored and made ready for re-occupation.

No one of the buildings commenced since the transfer of the hospital to the State has yet been completed, but certain buildings, already enumerated, have been through force of circumstances, occupied without awaiting their final completion.

No buildings especially intended or suited for occupation by patients have been completed during the period since the transfer of the city asylums to the care of the State, now nineteen months since, nor has the erection of any buildings intended for such purposes been as yet commenced.

While it will be unnecessary, as I have said, to repeat in detail the long lists of buildings and improvements which are considered necessary in order to put this hospital in the position for caring for its patients expected and promised as the outcome of its transfer to the State, it may serve a good purpose to briefly recapitulate here a few of the more prominent needs and the explanation thereof.

Provision for actual accommodation of patients should have precedence and can be most readily secured by

First. The erection of the three pavilions and dining-room of the fourth group of the present colony at Central Islip.

Second. The erection of the contemplated wing of the branch building at Ward's Island.

For both these structures plans have already been prepared and approved by the Board of Managers.

The establishment of a second colony upon the farm at Central Islip; the present colony originally designed for one thousand patients will, with the three pavilions just referred to, accommodate twelve hundred. The new colony could be made to care for the same or even a greater number. Its site, so far as determined, would be sufficiently near that of the older colony to permit of a boiler house, electric lighting plant, and pump and sewerage stations being placed in a central position and serving the purposes of both, or better perhaps, in the case of the steam

Manhattan State Hospital—Annual Report

and lighting plants, two stations with inter-communicable pipes and wires, would serve the purpose equally as well or better, and with them, in case of fire or other accident to one, the other could in great part supply the needs of both colonies until repairs could be made. In summer, too, when there is less demand for heat and light one or other stations could be temporarily put out of commission.

Alteration to the extension of the Verplanck Hospital which has heretofore contained the kitchen and laundry, which have now been removed to new buildings and the steam heating plant which is about to be so removed. These alterations, plans for which have been already prepared, are intended to provide a dining room for the female employes, similar to that in the new kitchen building for the male employes. They are also intended to provide dining rooms for patients occupying the Verplanck building, this building having been when originally constructed, for occupation as a general hospital whose patients were bed-ridden, no dining rooms were provided. Our patients are now served in the corridors connecting the several wards. These are too small for the purpose, inconveniently arranged, and the encumbering them with tables and chairs, and with the presence of several hundreds of patients, is both uncomfortable for the latter, and in the case of fire or alarm of any kind, would probably lead to injury or loss of life.

A store-house and cold storage chambers for meat and other articles, was planned for to be constructed simultaneously with the new pier, to the completion of which reference has already been made. This building is essential to the proper conduct of the hospital, and the economical and efficient care and use of provisions and other articles of supply. As it is now, there are no regular store-rooms and portions of the basements of the several buildings have been taken for the purpose, which are not only unsuited for such use but interfere with the proper heating and ventilation of the wards above.

A building on Ward's Island for administrative purposes. The general superintendent's office is in the residence occupied by

Manhattan State Hospital—Annual Report

him and so inadequate for the purpose that the residence itself is virtually handed over to office purposes. The offices of all kinds, drug-stores, etc., of the female department are in a basement of similar plan to the wards above it, and quite unsuited by such planning and by such proximity for the purposes for which they are used.

A laundry at Central Islip similar to that erected upon Ward's Island, and put in service during the past year. At present the laundry and other similar facilities, are utterly inadequate, having been intended in the first place for a temporary colony of one hundred and fifty patients who were sent down to clear the land and fit it for additional buildings.

Proper provision for the disposition of the sewage at the Central Islip Farm. The original provisions have proven useless, and the increasing number of patients has made more urgent the necessity for an efficient system which has been asked for each year since the farm was first occupied. With the projected addition to the present colony, and the construction of a new colony, it is imperative that some steps be taken, without further delay, to provide for the sanitary treatment and disposal of the sewage, which is now simply running over the surface of the lower levels of the farm.

A new boiler house at Central Islip, whether a central one, capable of supplying both the present and the contemplated colony, or a brick house to take the place of the present frame structure covering the heating and lighting plant of the existing colony, and which has more than once taken fire from the boilers under its roof.

An increased water supply and such arrangements for storage as will give greater security than at present. There is now but one tank, which, with its supports, is constructed of wood, and is of insufficient capacity. Fire or accident to it, and it is in bad repair after some ten years use, would cut off the water supply and means of protection from fire from all the present buildings, one half of which are also constructed of wood.

Manhattan State Hospital—Annual Report

An administration building at Central Islip adequate to the needs of the several offices, in view of the large increase in the number of patients there. The present administration building is a two-story frame cottage which contains not only the medical and clerical offices and drug-store but sleeping accommodations for the medical staff which has remained limited in number for want of accommodations for a proper corps of physicians. It was proposed to abandon the present building to office use alone and to erect another frame cottage for the accommodation of the physicians, and plans were actually prepared but have not yet been put into effect.

Many other buildings are required, and extensive improvements, alterations and repairs both ordinary and extraordinary of existing buildings. The above, however, will serve as a summary of the most important requirements of the third year of the hospital's existence.

**IMPROVEMENTS—REPAIRS—ORDINARY—EXTRA-
ORDINARY.**

The distinction between ordinary and extraordinary repairs is hardly definable, or, if defined, it is likely to be done arbitrarily. In the case of the buildings and other properties of this hospital, long neglect of ordinary repairs made them, when attempted, extraordinary. The distinction in the terms as used in the annual reports of the State hospitals seems to rest mainly upon the manner in which the repairs are made, or rather estimated for. Extraordinary repairs are those estimated for to be made by contract, or by the purchase of material and the procurement of mechanical and other labor upon what are called "special fund estimates." Ordinary repairs, on the other hand, are such as are made by mechanics and others regularly employed by the hospital, or by its patients, and the materials for which, appearing upon the regular monthly estimates, enter into the maintenance account and go to swell the ostensible per capita cost of the patients' ordinary, day to day, support.

Manhattan State Hospital—Annual Report

Much of the repairing done at the several branches of the hospital has been done in the latter way even where it was of sufficient importance and magnitude to have properly formed the subject of a contract. In this way, for the past year, the per capita cost of maintenance has apparently been increased although it has still been within the average of all the State hospitals, and much below that of some of the more expensive ones.

In general repairs, the policy has been to restrict those at Blackwell's and Hart's islands in view of the fact that their abandonment within five years after the transfer to the State is one of the requirements of the Act of Transfer. Accordingly only the most necessary work has been done to keep the buildings measurably habitable for the period named. At Ward's Island and at Central Islip, the former especially, more extensive repairs and betterments have been undertaken, though these have as yet been by no means commensurate with their evident requirements.

The principal repairs and improvements effected through ordinary or extraordinary expenditures may be summarized as follows:

FEMALE DEPARTMENT.

Duplex mangle for laundry.

Sets of tea and coffee boilers, copper, 30 gallons, for pavilions A and D.

New roof to pavilions D, E, I, G and K, at Blackwell's Island.

Alterations and additions to steam plant in boiler-house on Blackwell's Island; and radiators and connections for retreat.

Tea and coffee boilers, 30 gallons each, for Blackwell's Island, halls 9 and 10.

New sewer from Verplanck, to connect with main sewer.

New stable, Blackwell's Island.

New food waiter in branch.

New metal ceilings, new floors and mantels, Verplanck building.

Manhattan State Hospital—Annual Report

New tile floors in lavatories of branches 1, 2, 3, 4 and 5, and pavilions A, B, C, D and E.

Two new Fitzgibbons' boilers in branch boiler-house.

Machinery in new laundry.

Apparatus in new kitchen.

Furniture in new homes for female attendants and male employes.

MALE DEPARTMENT.

The stone building adjacent to the east building boiler-house, formerly the medical superintendent's green house, has been repaired, and a new roof placed upon it and it is now used as a practice room for the hospital band.

New 12-inch steam main in the tunnel between the boiler-room and basement of the main building.

New 6-inch water main to supply Worthington pump in basement of burned wing. The pipe and two hydrants were obtained from the Croton department, free of cost, and the hospital employes did the work of laying, caulking, etc. The line is connected with the 12-inch water main, about 700 feet in rear of the main building.

A new stable, 120 feet long and 50 wide, near the old barn on the east side of the island.

Relining seven boilers in main boiler-room.

The old electric mains in the basement of the main building were constructed of what is called underwriters' wire. It is known to be very unsafe on account of the imperfect insulation, and in fact proved to be so in this institution, as several fires from time to time, have started along the line. During the summer new electric mains were put in and the line extended to the east building. Also a new switch board was installed in the dynamo room.

Nine wards of the main building have received new coats of paint and have also been decorated. In addition to this, three wards of the east building have been painted.

Manhattan State Hospital—Annual Report

The attendants home has been thoroughly overhauled. The walls of the rooms have been repaired and painted, and the old hair mattresses removed, the hair picked and practically new ones substituted. The iron beds have been repainted with white paint and enameled.

HART'S ISLAND.

Small frame building for use as a waiting-room on the city dock at City Island.

A new dock nearly mid-way between the north and south docks on the west side of the Island built by the city of New York for the purpose of landing bodies for the city cemetery.

Outside painting of pavilion 5, and of the large brick building known as pavilion 4.

A large row boat has been purchased for the hospital and serves fairly well to carry a small number of passengers and the mail between the hospital and City Island.

CENTRAL ISLIP.

Additional wing for greenhouse.

New steel smoke stack at boiler-house.

Mortuary.

Resetting four boilers.

Laying cement floors in old kitchen and bakery.

Completion of painting the exterior of new buildings; also the interior of group D, and wards 1 and 3 group F.

Changing the old ice house into a two-story building for plumbing and tin shops.

Old wooden buildings equipped with electric fire signals.

Completion of fire line around entire farm and extension of fencing.

Five hundred ornamental and shade trees planted.

SUGGESTIONS, COMMENTS, ETC.

Late in the afternoon of the 30th of March, 1897, a fire was discovered in the east wing of the main building of the male department upon Ward's Island. It originated in the attic, under the

Manhattan State Hospital—Annual Report

mansard roof, and, owing to its location, had attained such headway, and was so difficult of access, as to be beyond control when discovered. The patients in the upper ward of this wing were seated at the supper table at the time of the discovery of the fire, and burning debris was falling upon the patients and the tables as the former were removed. The attendants in charge behaved with great courage and tact, and although it was difficult at first to persuade the patients to leave the table, they assembled them and marched them from the ward without accident or disturbance. A similar course was followed in the other wards of the same wing, and, in view of the danger of the fire's extending to adjoining wings, the patients were also removed from the wards contained therein. Ultimately, all the wards in the wings east of the central building were temporarily vacated.

The fire was confined to the wing in which it originated, but portions of the adjoining wing on the east, and of stairways and corridors connecting with the central building on the west, were damaged by water and by their use as a point of attack for the fire department. Ultimately, the fire was gotten under control and the patients were returned to the undamaged wards, being necessarily, of course, crowded into wards already fully occupied. In all 520 patients were compelled to abandon the wards destroyed or damaged by fire and water. Two days afterward the overcrowding was in part relieved by the transfer of 58 patients to the farm belonging to the hospital at Central Islip, Long Island, and 150 were temporarily assigned to three pavilions belonging to the female department upon the west side of Ward's Island, the female patients being withdrawn and distributed through the remaining wards of that department. Simultaneously, further relief was obtained by the transfer with the sanction of the State Commissioners, of 50 patients to the Kings Park division of the Long Island State hospital.

The origin of the fire was somewhat obscure, but probably due to carelessness upon the part of workmen who had been engaged in making repairs to the tin roof of the building. The fact that

Manhattan State Hospital—Annual Report

the fire occurred shortly after their ceasing work for the day, and at a point near where their work had been performed and the stairway by which they withdrew from the roof, suggested the suspicion that in extinguishing the fire in their small mechanic's furnace, they had carelessly allowed sparks to fall upon the wood-work of the mansard story. This conclusion of the officers of the hospital was shared by the fire marshal, who subsequently made an official investigation.

The fire apparatus and other means of protection were put in full use by the employes of the hospital, and their efforts were promptly seconded by the fire department of the city, from which details of men with apparatus and fire boats were at once dispatched. The behavior of the employes was excellent, especially of those in the wards first endangered, who preserved coolness and discipline and marched their patients through the wards without stopping to secure their own effects which were in their rooms opening off these wards. In recognition of this self-abnegation on their part your Board has reimbursed them for the losses of clothing and personal property entailed.

Of the services and conduct of the officers and employes of the hospital, your Board has made gratifying minute, evidenced in the following letter from your secretary:

NEW YORK, *April 9, 1897.*

DR. A. E. MACDONALD, *General Superintendent Manhattan State Hospital, Ward's Island, New York City:*

Dear Sir.—I was requested by the Board of Managers at our meeting yesterday to express to you their thorough appreciation of the great skill and thorough discipline displayed by all the force under your command at Ward's Island at the time of the late fire. The Board wished to congratulate you and your staff on the happy results of the fire as far as the safety of all the patients goes.

Manhattan State Hospital—Annual Report

The Board feels that this fire showed plainly the splendid executive ability which you possess and they cannot praise too strongly the discipline under which you control all your force.

Will you kindly express to your staff the feelings of the Board in this matter and tell them how pleased we all were to know that they did their duty in such a courageous manner.

Yours very truly,

GEORGE E. DODGE,

Secretary.

Acknowledgment was also made by resolution of the service of the city police and fire departments.

In order that the results of the fire, so far as they intensified the overcrowding from which the hospital was already suffering, might be overcome as soon as possible, a contract was at once made for rebuilding and repairing the burned portion. Under this contract the work was stipulated to be completed, and the wing ready for reoccupation, by July 25th. Like other contracts for construction, however, this one has failed of accomplishment within the prescribed time and the close of the State year, September 30th, finds the repairs only partly made and no definite prospect of their speedy completion.

A good result of the fire has been the provision of more efficient means of fire prevention and control, by agreement with the city fire department and the department of public works, additional water mains having been laid, the city furnishing the pipe and other material, and the hospital providing the labor. The fire department has increased the number of hydrants and fire alarm boxes, and has made additions to the apparatus, other additions, especially in the way of fire extinguishers, etc., in the wards and the interior of the buildings generally, being made by the hospital. An agreement has been made also that the fire department shall send engines to the hospital pier at the foot of East One Hundred and Sixteenth street immediately upon the receipt of an alarm of fire from the island, the hospital agreeing, in re-

Manhattan State Hospital—Annual Report

turn, to keep its steamer in constant readiness for service day and night in order to carry these engines and firemen to and from the island. This service has also been extended to Randall's Island, where a system of alarm connecting the House of Refuge and the hospitals of the department of charities with the hospital pier at Ward's Island has been established. The renewal of the contract for the service of the hospital steamer, the "Wanderer" for another year from June 15th was taken advantage of to frame its terms accordingly.

In the first annual report of the hospital, under date of October 1st of last year, a special heading "controversies" was inserted to cover mention of the difficulties which arose with one of the city departments in the opposition of the latter to some of the terms of the act by which the city asylums were transferred to the authority of the State. The opposition to these requirements and the consequent steps taken to ignore, or overthrow them, have continued through the present year. As, however, they are referred to in full in the regular periodical reports to your Board appended, and as especially the change in the organization of the city government which will follow under the creation of the new city, the next municipal election may be looked to so alter the organization of that department as to secure a change for the better, it will not be necessary to enlarge upon the subject, generally, here.

One phase of the controversy and its results may, however, be given more than passing mention. As has from time to time been recorded, one of the directions in which the officials of the department of charities sought to throw upon this hospital an undue burden, was in the transfer thereto of old and decrepit inmates of the almshouse who were not, within the meaning of the law, insane or proper subjects for hospital care. Large numbers of such cases had been transferred prior to, and in anticipation of, the State's assuming control and it was sought to continue the process after the transfer had been effected. So determined was this effort, and so unfair and embarrassing the

Manhattan State Hospital—Annual Report

methods by which it was sought to make it successful, that it was finally decided to make a test case by rejecting a representative inmate of the class named. Upon her rejection steps were taken by the commissioners of charities, through the corporation counsel, to punish the medical superintendent of the female department and myself for contempt of court. After a hearing before the Hon. Justice Lawrence, a decision was handed down denying the motion and thereby sustaining the action taken by your representatives in the premises. A similar case arising in King's county from the similar rejection of a commitment by the general superintendent of the Long Island State Hospital, has since also been decided in his favor, the decision of Justice Lawrence being thereby sustained and the right of rejection of improper subjects being thereby, it is to be hoped, definitely and permanently established. The decision, as handed down, is as follows:

NEW YORK SUPREME COURT.

In the matter of the application for the commitment of Kate McEligott, an alleged insane person.

Special Term.—Part I.

LAWRENCE, J.:

This is an application to punish Dr. E. C. Dent, the medical superintendent, and Dr. A. E. Macdonald, the general superintendent of the Manhattan State Hospital for contempt of court for wilfully disobeying the order made by Mr. Justice Pryor, on the 19th day of February, 1897, in and by which it was adjudged "that Kate McEligott is insane and that she be committed to the Manhattan State Hospital, an institution for the custody and treatment of the insane."

It appears from the papers read in support of the motion that a prior order had been made by Mr. Justice Pryor on the 5th day of February, 1897, adjudging the said Kate McEligott insane and committing her to the Manhattan State Hospital "for custody and treatment" and that on the 10th day of February, 1897, she had been returned to the superintendent of Bellevue Hospital

Manhattan State Hospital—Annual Report

by the medical superintendent of the Manhattan State Hospital, who, in the communication in relation to the case, stated that with the concurrence of the general superintendent such return was made on account of the said Kate McEligott not being a proper case for treatment in an asylum. Thereupon a further examination of the case was made by two physicians, pursuant to the provisions of the statute, and the second order of February 19th was made by Justice Pryor, for disobeying which this proceeding is instituted, the commitment papers having been returned by the medical superintendent with a statement that he declined to accept the said McEligott, inasmuch as she was rejected on February 10th by the medical superintendent and general superintendent as not being a proper case for treatment in an asylum.

This application brings up the question, whether an examination in the case of an alleged insane person, pursuant to the provisions of chapter 545 of the Laws of 1896, by a justice of the Supreme Court and an adjudication by him that such person is insane, the superintendent of the State hospital to which the alleged insane person is directed to be committed may refuse to receive such person on the ground that he is not, in the judgment of such superintendent, insane within the meaning of the statute. I am constrained to say, after examining the statute, that the superintendent in my opinion has the power to make such refusal. The provisions of chapter 545 of the Laws of 1896, which relate to proceedings to determine the question of insanity, are to be found in section 62 and 63 of that act. It is not disputed in this case that the proceedings before the justice were taken in conformity with section 62 and were regular on their face, but that section at the end thereof provides as follows: "The superintendent or person in charge of any institution for the care and treatment of the insane may refuse to receive any person upon such order (id. the order of the justice committing the person as insane) if the papers required to be presented shall not comply with the provisions of this section, or if in his judgment such person is not insane within the meaning of this

Manhattan State Hospital—Annual Report

statute, or if received such person may be discharged by the Commission." (State Commission in Lunacy.)

In this case, in the papers and affidavits submitted in resisting the motion, it is stated by the superintendent, Dr. Macdonald, and by the medical superintendent, Dr. Dent, that in their opinion the said Kate McEligott is not insane within the meaning of the chapter and is not a proper subject for care and treatment in a hospital for the insane, that she is simply a dotard and not insane in the true sense of the term. The opinion of the superintendent and the medical superintendent is concurred in by several physicians of long experience in relation to the care and treatment of the insane, and the case seems to be brought within the exact meaning of the language of the statute, to wit: that in the judgment of the superintendent and the medical superintendent, the parties sought to be punished for contempt, the person heretofore committed by this court is not insane. It was within the province of the superintendent of the State hospital, and with the propriety or wisdom of such legislation this court has nothing to do.

It is perhaps proper to observe that sections 63 and 74 of the act in question relating to the appeal from the order of commitment and to the discharge of patients from the custody of the hospital have no bearing upon the case as presented on this application. The case rests, in my opinion, entirely upon the construction to be given to section 62 of the act of 1896, and as that section, as already stated, vests in the superintendent power, if in his judgment the person committed is not insane, to refuse to receive him in the hospital, it necessarily results that this motion must be denied."

The increased supply of reading matter to which favorable reference was made in last year's report has undergone curtailment, the State Commission having vetoed the renewal of subscriptions for magazines, periodicals and newspapers for the patients' use. This deprivation is based upon the assumption that such reading matter "need not be fresh from the press."

Manhattan State Hospital—Annual Report

and it is further asserted that "it has been found that exchanges are to be had from the newspaper offices, and back numbers of periodicals can be had at a nominal sum." In announcing its action the State Commission added the following: "Moreover an appeal to the community in which the hospital is located for periodicals and magazines will probably result in a hearty and liberal response."

Without discussing the first proposition, it may be doubted whether New York newspaper offices could be depended upon for any considerable gifts of exchanges, whatever may be the practice in those of smaller communities. Appeals to the community have been made, frequently and strenuously, but the response, with so many other similar appeals from other hospitals and charitable institutions, have not been as adequate as could have been desired. However, one more such appeal will not be amiss, and, with the action of the State Commission as a text, may prove more effective, and I would respectfully ask your board to make it.

In the meantime it is fortunate that the Hospital Book and Newspaper Society should have announced its intention of renewing the assignment of a portion of its daily collections to this hospital. The city asylums had been for a long period prior to their transfer one of the beneficiaries of this excellent organization, but the interruption of methods of communication consequent upon the transfer led to a discontinuance of the service now about to be resumed. Apart from contributions of reading matter elsewhere specially acknowledged, the loss to the patients has been in some measure made up by that given by members of the board of managers and by officers of the hospital.

CHANGES IN THE STAFF.

The medical staff of the hospital has undergone some changes in personnel in the course of the year though they have been less numerous than in former years, when less generous remunera-

Manhattan State Hospital—Annual Report

tion resulted in many resignations of its members to whom superior inducements were offered by other hospitals.

The most important change of the year was brought about by the transfer in January, of Dr. William A. Macy, medical superintendent of the male department on Ward's Island, to the superintendency of the Willard State Hospital. To the vacancy thus created Dr. Percy Bryant was appointed, his name being selected, under the civil service regulations, from among the first three upon the list of candidates eligible for such appointment.

Dr. Macy, after serving in the general hospitals of the department of charities, entered the service of this hospital—then the New York City Asylum—as an assistant physician, in 1887. By successive promotions he reached the post of medical superintendent of the City Asylum, Ward's Island, in 1890, and was transferred to the State service, with the transfer of the asylums, in 1896. Throughout his service Dr. Macy gave constant evidence of conscientious and painstaking endeavor in the best interests of the hospital and of its charges, and his transfer, although a substantial promotion for himself, cannot but be regarded as a regrettable loss to the hospital.

Dr. Bryant entered upon service in the specialty of insanity as assistant physician in the New York City Asylum on Ward's Island, being appointed in 1888. After a year's service he accepted a more inviting assignment at the Buffalo State Hospital, where he remained until his promotion to the medical superintendency vacated by Dr. Macy. Dr. Bryant's record in his former positions, the endorsements of those with whom he has been in official relationship, and his conduct thus far of his new office give promise of efficient service.

No record need be made here of promotions from one grade to another of the physicians remaining in the service throughout the year, or of their successive assignments to one or other of the hospital's divisions. The list printed at the beginning of this report will suffice to furnish all necessary information as to these particulars. The changes resulting from resignations and from subsequent appointments have been as follows:

Manhattan State Hospital—Annual Report

RESIGNATIONS.

Assistant physicians:

A. J. Primrose, M. D.....	October, 30, 1896.
B. C. Tiesing, M. D.....	January, 14, 1897.
F. W. A. Fabricius, M. D.....	January 25, 1897.
Beverly R. Kennon, M. D.....	June 30, 1897.

Junior physicians:

C. M. Meyer, M. D.....	October 1, 1896.
Frederick E. Lawrence, M. D.....	October 31, 1896.
A. P. Shellman, M. D.....	February 1, 1897.
Franklin R. Haines, M. D.....	March 26, 1897.
J. M. Ward, M. D.....	March 28, 1897.
Everett C. Brennand, M. D.....	July 15, 1897.

Medical internes:

George M. Parker, M. D.....	May 31, 1897.
E. N. Dougherty, M. D.....	July 17, 1897.

APPOINTMENTS.

Junior physicians:

Paul G. Taddiken, M. D.....	December 10, 1896.
T. I. Townsend, M. D.....	December 21, 1896.
J. M. Keyes, M. D.....	March 3, 1897.
J. A. Hill, M. D.....	March 10, 1897.
Christopher J. Patterson, M. D.....	March 30, 1897.
S. H. MacGillvary, M. D.....	April 1, 1897.
A. J. Capron, M. D.....	April 14, 1897.
Frank G. Hyde, M. D.....	April 17, 1897.
A. Heger, M. D.....	April 19, 1897.
H. O. Elliott, M. D.....	August 26, 1897.

Medical internes:

E. N. Dougherty, M. D.....	October 1, 1896.
W. Henry Coe, M. D.....	December 28, 1896.
C. Floyd Haviland, M. D.....	January 1, 1897.
Robert Mason, M. D.....	August 9, 1897.
J. W. Travelle, M. D.....	September 11, 1897.

Manhattan State Hospital—Annual Report

In addition to the changes above tabulated, two others have resulted from transfers within the State hospital service. In the one case Dr. P. A. Phillips, junior physician, was, on December 1, 1896, transferred to this hospital from the Hudson River State Hospital; in the other Dr. A. J. Capron, junior physician, was, on September 1, 1897, transferred from this to the Long Island State Hospital.

ACKNOWLEDGMENTS.

The several departments of the hospital are, in common, indebted to the hospital book and newspaper society for the generous supply of reading matter elsewhere specially referred to. Similar general acknowledgment is to be made in behalf of all the departments of the good offices of the Fruit and Flower Mission, and especially of the substantial additions made to the means of Christmas celebration in the shape of Christmas greens and other decorations, candies, fruit, etc.

Of donations made to special departments, the male department on Ward's Island has, unfortunately, no acknowledgment to make, while the adjoining female department has, of all, been the most generously treated. For that department thanks are gratefully returned to:

Miss Rosalie Butler, for materials for theatrical costumes, and for fancy work, and for two barrels of candy and a check for \$25 for Christmas festivities.

The Episcopal City Mission for fruit and candy distributed at Christmas by its representative, the Rev. Gardiner Little.

Mrs. Francis P. Kinnicutt and Miss Alice Pine, members of the board of managers of the hospital, for materials for fancy work and ward decoration.

Hope Company for twenty-four boxes of candy.

Miss Ellen Collins for strawberries for the female patients at Blackwell's Island.

For Hart's Island, again, the general acknowledgment to the two societies first referred to must suffice, while the farm de-

Manhattan State Hospital—Annual Report

partment at Central Islip has, in addition to return thanks for books, magazines and illustrated papers to:

The Olympic Club, Bay Shore.

Rev. Father Bobier, Bay Shore.

Rev. Father Murray, Brentwood.

Rev. R. L. Brydges, Islip.

Henry H. Hollister, Esq., Islip.

John Gibb, Esq., Islip.

The Church Periodical Club, Brooklyn.

I take pleasure, in conclusion, in expressing my obligations and thanks to the members of your board for their continued courtesy and support, which have materially assisted me in the administrative work of the hospital during the year.

I take the opportunity to express my thanks also to the gentlemen of the State Commission in Lunacy.

Very respectfully,

A. E. MACDONALD,

General Superintendent.

GENERAL SUPERINTENDENT'S REPORTS

NEW YORK, *March 2, 1896.*

HON. HENRY E. HOWLAND, *President, etc.:*

Dear Sir.—I have the honor to report that the transfer of the New York city asylums for the insane to the care of the State was duly effected on Friday, the 28th ult., in accordance with the terms of the act creating the Manhattan State Hospital. Upon the preceding day the required inventories of property, etc., were receipted for by the president of your board, two items, the steam launch "Mermaid," and the premises in the amusement hall, Blackwell's Island, occupied by the insane, being left for future adjustment.

Manhattan State Hospital—Annual Report

The steamer "Aurora," chartered by your board, commenced its regular trips at 7 o'clock that morning, and has since continued the service satisfactorily.

Pending the refitting of the rooms leased by your board in the Metropolitan building, a store upon the ground floor thereof has been opened as a temporary office, where applicants for permits and callers on the general business of the hospital are received by employes temporarily detailed, from noon until 4 o'clock of each week day.

Until your board shall decide what weekly reports you desire to have made from the different departments of the hospital, I beg to submit those which it has been customary to forward to the commissioners of charities of New York city.

The contract supplies already engaged by the Department of Charities continue to arrive, and other articles for which there is immediate need are being purchased, under my direction, by Mr. H. E. Cole of the office of the Commission in Lunacy, whose services have been placed at the disposal of the hospital by the Commission pending the appointment of a steward.

Some matters, which will demand the early attention of your board, I beg to enumerate briefly as follows:

The contracts made by the city, and still in force, will all expire upon the 31st inst., at the least.

I would respectfully recommend early preparation of specifications and awarding of contracts in order that there may be no interruption in the supply of such articles as meat, milk, fish, coal, etc.

The charter of the "Aurora" runs for but four months at the extreme. I would advise the early consideration of provision for supplying her place, either by purchase, or a longer contract at correspondingly lower terms.

Some thirty employes and inmates of the workhouse, who are detailed to work at the city cemetery at Hart's Island, have, under the arrangements made by the Commissioners of Charities and Correction, drawn their meals from the asylum kitchen, the

Manhattan State Hospital—Annual Report

cost of the raw material being credited to the asylum in the monthly accounts. I append a communication from the Commissioner of Correction upon the subject, and recommend that the existing arrangement be continued for the present. Upon the other hand, the hospital buildings at Blackwell's Island have been supplied with gas by the Department of Correction, and I recommend that a committee of your board, or myself, be authorized to make an equitable agreement by which this service may be offset against that rendered by the hospital at Hart's Island.

The necessity for immediate measures looking to the relief of the overcrowding in the various departments of the hospital has long been recognized, and I would respectfully urge such measures as may secure its alleviation at the earliest possible moment. Not alone are large additions to the accommodations for patients themselves required, but the employment of additional attendants, etc., which becomes possible with the increased appropriations, must be deferred until quarters for them are provided.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, *March 9, 1896.*

Hon. HENRY E. HOWLAND, *President, etc.:*

Dear Sir.—I have the honor to transmit the customary weekly reports of the transactions of the several departments of the Manhattan State Hospital. The week has passed without any occurrences calling for special reports to, or action by, your Board.

No patients have been admitted since the date of transfer of the asylums, the matter of the clothing reported at your last meeting not having yet been adjusted. Following the tender, and rejection, of three patients on the 2d inst., application was made to the Supreme Court by the Commissioners of Charities for an order to show cause why mandamus should not issue compelling the admission of the patients. The question comes up for

Manhattan State Hospital—Annual Report

adjudication to-day. The contention of the Commissioners of Charities is that the order of the State Commission in Lunacy is illegal and oppressive, the latter claim being in part based upon the assumption that the clothing would cost from \$20 to \$25 per capita, and that old clothing can be rendered innocuous in the way of spreading infectious diseases by proper disinfection, etc. As matter of fact the actual average cost to the other counties of the State of providing a new suit for each patient committed has been but \$10, and the amount expended by the Commissioners of Charities themselves during the year 1895, has been less than that—winter suits for women costing but \$7.04, and for men but \$10.06, while summer clothing has cost but \$5.16 for women, and \$6. for men. As for the second contention, what the resources of modern science may be able to accomplish is less in question, in view of the fact that it has not been customary to apply them, and that it has been a not uncommon course to send patients to the asylums whose clothing was deficient, ragged and filthy, often, in common with their persons, infested with vermin, and in some instances carrying the evidences of contagious or infectious disease.

Were the present regulation not in force, or should it be set aside, it would be impossible at present to clothe the patients properly after their admission, the usual requisition for clothing for the current year not having been honored in any part by the Commissioners of Charities.

Yours respectfully,

A. E. MACDONALD,
General Superintendent.

NEW YORK, *March 16, 1896.*

Hon. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to enclose the usual weekly reports for the week ending March 14th.

The matter of providing new clothing for the patients committed to the Manhattan State Hospital is still in abeyance, a

Manhattan State Hospital—Annual Report

decision by Justice MacLean being expected to-day. In the meantime, no city patients have been transferred to the hospital. The new kitchen on Blackwell's Island has been completed, and will be put in use to-day. If your Board approve of it, it will be possible to abandon the portion of the kitchen in the Metropolitan Hospital Buildings heretofore occupied by this hospital, removing, of course, the apparatus which was in use for the insane at the time of the transfer, and which is consequently the property of this hospital.

When the inventory was passed, the question was left open as to the right of the State to continue the use of that portion of "amusement hall building" then occupied as sewing rooms, store rooms, etc., etc. If this question has been settled in favor of the State, I would recommend that one of the old wooden buildings be abandoned to the Department of Charities which is much in need of accommodation for almshouse inmates, and that the insane patients now occupying it be removed to the "amusement hall building" which is a better building in every respect, and has the advantage of being more central, nearer to the kitchen, offices, etc., etc.

A communication from the Commissioner of Correction, a copy of which I append, cites an opinion of the corporation counsel as giving to the State, the possession of laundry machinery in the work-house, which was purchased at the cost of the city asylums, and was in use for the insane at the date of the transfer. The board of apportionment of the city set aside \$20,000 for immediate use this year in repairing and improving the steam-heating apparatus in the various asylum buildings. But about \$50 was expended for this purpose, but a boiler was sent to the Verplanck Hospital and lies there now without being connected up and put in use. I would respectfully ask your board to address the Commissioners of Charities and ask whether it is their intention to complete the work necessary to put this in service; so that if they answer in the negative, measures may be taken, if thought best, to do the work at the expense of the hospital.

Manhattan State Hospital—Annual Report

We are experiencing considerable difficulty in adjusting the amounts upon all contracts with the Commissioners of Charities. A quantity of provisions was, at length, sent to Ward's Island last week, but not as large a quantity as we are entitled to. Requests for particulars as to contracts still unfilled have not been answered. Some time since the Commissioners wrote to your board that any one appointed by you would be permitted to copy from their books the particulars as to these contracts. I would respectfully recommend that a request be addressed to the Commissioners to permit Mr. H. E. Cole, acting steward, to make the necessary examination and extracts.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, *March 23, 1896.*

Hon. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to enclose the customary weekly reports from the several departments of the Manhattan State hospital.

The principal events of the week have been the conference between members of your board and a representative from the Commissioners of Charities with reference to the buildings still occupied by the insane upon Blackwell's Island, and the decision of Justice MacLean in the matter of the rule of the State Commission in Lunacy relating to the provision of new clothing for patients committed to the State hospitals. Mrs. Kinnicutt and Mr. Dodge of your board and Mr. John P. Faure of the Board of Commissioners of Charities met at Blackwell's Island on the morning of the 18th inst., for the purpose of adjusting, if possible, the questions at issue as to the retention of "amusement hall building" by the hospital and the general question of the order in which the several buildings should be successively abandoned. No conclusion or agreement was reached, Commissioner Faure desiring that your representatives should agree to

Manhattan State Hospital—Annual Report

abandon the amusement hall first, or failing that, that the two-story brick building connected with the former asylum building should be abandoned prior to the complete evacuation of the five wooden pavilions. As the latter are in very poor condition, quite unsuitable for occupation by the insane, and incapable of being properly warmed and made rain-proof, your representatives held that they should be the first to be abandoned. Apart from these reasons, their remoteness from the hospital offices, kitchen, etc., and the intervention between the buildings of the Metropolitan homoeopathic hospital furnished additional reasons for abandoning them first in order and as rapidly as possible. It was finally agreed that your representatives should simply report the matter back to your board, and await further instructions. I would respectfully recommend that the matter of the right of your board to continue possession of the "amusement hall building" be determined forthwith, if indeed, it is not already concluded by an opinion of the corporation counsel furnished to the Commissioner of Correction upon an analogous question, and a copy of which I append.

As soon as this question is settled, in whatever way, and if the settlement should be favorably to the claim of your board, I would further respectfully recommend that the rooms in the "amusement hall" for a long period in use for the insane, be fitted up for the accommodation of say 60 patients, and that the most remote and most dilapidated of the five wooden pavilions be coincidentally abandoned and surrendered to the city authorities.

The decision of Justice MacLean was rendered upon the 19th inst., and whilst sustaining the rule of the State Commissioners in relation to clothing of patients presented for admission in all other respects held that "new clothing should not be required." An appeal was immediately taken by the representative of the Attorney-General, which acted as a stay of proceedings. Nevertheless, the patient, in whose case the proceedings had been initiated, was surreptitiously sent to Ward's Island on the following

Manhattan State Hospital—Annual Report

day, and there left against the protest of the medical superintendent of the male department, who subsequently, under instructions, returned him to Bellevue hospital, delivering him and the accompanying papers to an official of that hospital.

Upon the day of the rendering of the decision, upon being notified of it by telephone by the superintendent of out-door poor, Mr. William Blake, who had been designated by the president of the Department of Charities to arrange with me the details of the admission of patients, I informed him that I had not yet been advised of the decision, but that if the facts were as he represented them, we should send for the patients on the following day, and do our part toward relieving the stringency of the situation by accepting them as rapidly as could be properly and safely done. Subsequently, upon being notified by the Deputy Attorney-General that the proceedings were stayed, and that we must not accept patients, I so informed Mr. Blake, and he agreed that none should be presented until I could meet him the following day, and he gave orders to that effect. In accordance with this agreement, I called upon him, after consultation with the president of your board and the Deputy Attorney-General, and at the same time, as a matter of courtesy, waited upon the Commissioners of Charities, seeing two of them, and informed them of my inability to accept any patients that might be tendered, and expressing my willingness to accept service of the mandamus, which was claimed to have been issued, but which had not then and has not since been served upon me. I learned afterwards that at about the time I was engaged in making this proffer to them, the patient O'Donohue was being conveyed to the Island, without Mr. Blake's knowledge, in violation of his agreement with me and despite his directions to the contrary. Upon the following morning, Saturday, sixteen female patients were brought to Ward's Island on the steamer of the Department of Charities, and were forced upon the dock in the face of the protest of the physicians who happened to be there. No notice of the intention

Manhattan State Hospital—Annual Report

or desire to transfer these patients had been given, as required by law and regulation. The patients were lodged throughout the day in the dock-house, attended by the hospital physicians, made comfortable and fed; and late in the afternoon, after further consultation with the president of your board and the Attorney-General's representatives, were given accommodations for the night in a detached ward of one of the hospital buildings. They were not, however, formally admitted, nor was any entry of their names, etc., made upon the records of the hospital. The usual committment papers and certificates were subsequently found in the possession of one of the patients.

The condition of these patients was as to cleanliness, clothing, etc., not only in distinct violation of the original statutory rule, but in violation also of the order of Justice MacLean. The clothing being not only not new but dilapidated, uncleanly and insufficient for the season of the year. The condition of the patients also as to personal cleanliness was in violation of both the law and the order.

I append notes made by the female physician of the hospital, Dr. Frances E. Cole, which show generally the condition of the clothing and of the patients' persons.

One of the patients was far advanced in consumption, and her death shortly after her arrival was feared. She has now, however, temporarily revived. No attempt was made to return these patients nor was it contemplated, it being considered by the president of your board, and by others in interest, that a dignified course, in which the requisites of common humanity should prevail as concerning the patients and a proper respect to the law, and its tribunals as its arbiters, were, under all the circumstances, preferable.

The patients were visited yesterday and again to-day by one of the members of your board, Mrs. Kinnicutt. Last night a conference in regard to the matter was held at the city office of the State Commission in Lunacy, the circumstances and results of

Manhattan State Hospital—Annual Report

which are detailed in a statement then prepared, a copy of which I append.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

March 30, 1896.

HON. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to transmit the regular weekly reports of the Manhattan State Hospital.

Following the delivery at Ward's Island on the 21st instant of sixteen female patients whose clothing and condition were in violation of the rule of the State Commission, and in accordance with the agreement reached at the conference held on the 22d instant, daily drafts of patients have since been sent—fifty-two in all—whose condition, clothing, etc., have been in compliance with the rule.

For the sixteen patients first sent here, however, no new clothing has yet been furnished by the Commissioners of Charities, although the stipulation required that it should be done.

In further relation to the matter, I beg to enclose statements from some of the officers of the hospital in addition to those appended to my last weekly report. Affidavits embodying the substance of these reports are now in course of preparation for use in the appeal which has been taken by the Attorney-General from the decision of Justice MacLean.

The fresh meats sent to the several islands have been especially poor, and not in accordance with the specifications of the unexpired contract made by the Commissioners of Charities. That body, however, on the 24th instant gave notice that "no rejections will be recognized, or return shipments received, that have been accepted by the inspector at the Twenty-sixth street dock." For the few remaining days of the contract, therefore, we are compelled to accept and to use, so far as may be, meats which are distinctly at variance in quality and weights with these provisions.

Manhattan State Hospital—Annual Report

I have again conferred with the chief engineer of the department of docks with reference to the erection of the desired pier at the foot of One Hundred and Sixteenth street, and have learned his views as to the proper form in which the matter should be brought before his department by your board. I have embodied these views in a communication which I enclose, and I would respectfully request your board to authorize your secretary to sign it, or one resembling it.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

April 6, 1896.

Hon. HENRY E. HOWLAND, *Manager, etc. :*

My Dear Sir.—I have the honor to submit the usual weekly reports of the transactions of the Manhattan State Hospital.

We have continued to receive patients from the Bellevue Hospital pavilion, and their condition and clothing have been in accordance with the regulations of the State Commission, and clothing of the prescribed kind has also been supplied for the sixteen female patients first sent here.

The new contracts for fresh and salt meats, milk, poultry and fish have gone into effect during the week, with the general result of a material improvement in the quality of those supplies. The balances of the several articles due upon former contracts of the Department of Charities have not yet been received, and I would recommend that the Commissioners of Charities be again addressed, with a view to securing the completion of these contracts, and the closing of all outstanding accounts of that nature.

On Thursday last Mr. Dodge, of the "building committee" of your board, and Mr. Daggett, from the State Architect's office, met at Ward's Island, and examined the present buildings, both there and at Central Islip.

A letter from the State Architect, resulting from this conference, together with a list of proposed new buildings and estimates

Manhattan State Hospital—Annual Report

of the costs thereof have been forwarded to the committee of buildings.

I return the article from the American Druggist, referred to me by your board for report. Under the schedule of wages, adopted by the State, the apothecaries are paid from \$40 to \$50 a month, with maintenance. The increase of wages from the minimum to the maximum being at the rate of \$2 per month at the end of each year of continuous service. Under the city the apothecaries were paid \$50 a month, so that the immediate effect of the transfer is to temporarily reduce the amount of their remuneration.

Respectfully yours,

A. E. MACDONALD,

General Superintendent.

April 13, 1896.

Hon. HENRY E. HOWLAND, *Manager, etc.:*

My Dear Sir.—I herewith enclose the customary weekly reports from the different branches of the Manhattan State Hospital.

There have not been during the week any occurrences calling for special report to your board.

The removal of the bodies of patients dying in the Manhattan State Hospital, especially in the Hart's Island division, has not been made as promptly as required by the statute; in some instances bodies have remained at Hart's Island much beyond the twenty-four hours designated, and, in one instance, for as long as five to six days after death. In this particular case, as in others, the friends of the patient desired to assume charge of the interment, and the delay was, of course, annoying to them, and the responsibility in the matter, as between the hospital and the Department of Charities, naturally not understood by them. I would respectfully recommend that the Commissioners of Charities be requested to observe the requirements of the act creating the Manhattan State Hospital more closely.

I have been notified by the State Commission in Lunacy that they propose to relieve the overcrowding of the hospital by trans-

Manhattan State Hospital—Annual Report

ferring 100 patients to the State Hospital as Poughkeepsie. I have arranged with them to accept female patients, and would respectfully ask the sanction of your board to the transfer of patients, to the number named, from the old wooden pavilions upon Blackwell's Island. If in addition to this transfer, the rooms in the amusement building could be made available for patients as proposed, three out of five of these wooden pavilions could be at once abandoned. If no action is taken by the Commissioners of Charities within a reasonable time, I would respectfully recommend that, acting under the advice of the State Commission and the Attorney-General, these rooms be so occupied in any event.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

April 20, 1896.

Hon. HENRY E. HOWLAND, *President Board of Managers:*

My Dear Sir.—The regular weekly reports of the Manhattan State Hospital for the week ending April 18th are herewith respectfully transmitted.

The fresh meat, fish and poultry furnished under the new contracts have, on several occasions, failed to reach the standard of the specifications. In each such case the delivery has been rejected and subsequently replaced. I enclose a list of the rejections, showing the dates and quantities and reason of rejection. I would respectfully recommend to your Board that the several contractors be notified through your secretary that unless there is a closer compliance with the terms of the specifications in future, the remedies provided by the contracts will be enforced, even to the extent of their abrogation.

For some time past the patients and employes on Ward's Island have suffered great annoyance from the Standard Gas Works, situated opposite the island at the foot of East One Hundred and Fifteenth street, and where the landing of the steam ferry-boat

Manhattan State Hospital—Annual Report

“Mermaid” is also placed. From time to time in the past offensive refuse from the gas works has been discharged into the river; on one occasion causing a fire which damaged the ferry landing. At such times the nuisance has been abated by the board of health, but has now been renewed, and is detrimental to the public health and comfort. I would respectfully ask your Board to sanction a communication to the board of health, calling attention to the subject.

The neglect of the Commissioners of Public Charities to remove, as required by law, bodies of patients dying in the hospital at Hart’s Island has been continued during the past week. At present there are three bodies there, one of which has been there since the 16th instant. In each case the commissioners were notified by telegram directly after the death of the patient. I append a communication from the physician in charge of the Hart’s Island division of the hospital in reference to this subject.

Provision for ferry facilities for the islands has been advanced during the week by the charter of the new steamer “Wanderer,” and by the conclusion of an agreement with the dock department, whereby your Board will acquire the lease of a new pier to be forthwith erected at the foot of East One Hundred and Sixteenth street. These matters will no doubt be covered by the report of the finance committee, in whose hands they were placed by your Board with power and by whom the agreements were reached. I would respectfully renew my recommendation that the question of building a boat for the use of the hospital be given early consideration, so that the period covered by the new charter may be availed of to the best advantage.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

Manhattan State Hospital—Annual Report

NEW YORK, *April 27, 1896.*HON. HENRY E. HOWLAND, *President, Board of Managers:*

My Dear Sir.—I have the honor to enclose the regular weekly reports of the Manhattan State Hospital for the week ending April 25th.

The delivery of contract supplies has been improved during the week, although there have still been occasions for rejection, as detailed in the accompanying weekly reports from the several departments.

As instructed by your board, I communicated with the State Commission in Lunacy regarding the projected repairs on the steam launch "Mermaid," suggesting that the Commission might wish to obtain a definite opinion from the Attorney-General before passing upon the necessary estimate. The reply of the Commission, a copy of which I append, states that such opinion will not be required, and authorizes the preparation of the estimate as proposed. I have accordingly invited proposals for a suitable boiler, connections, etc., and expect to be able to submit them to the finance committee of your board within the present week.

Some of the departments of the city government have taken occasion during the week to give notice of certain defects alleged to exist in the buildings of the hospital upon Ward's Island. In the case of the fire department, notice was given verbally that chapter 173 of the Laws of 1892, relating to fire escapes, etc., must be enforced. The provisions of this Law are quite impracticable in buildings occupied by the insane, and no attempt has been made to enforce it in the years elapsing since its enactment, and while the buildings still remained under charge of a city department. In the other cases written notices were served by the department of buildings. In the first case the defect complained of was reported by the same department several months ago. The architects of the department of charities then made examination, and decided that the radical repairs now demanded were entirely unnecessary, and that minor and inexpensive re-

Manhattan State Hospital—Annual Report

pairs would be quite sufficient. The department of buildings did not insist upon the radical repairs, and the Department of Charities did not make the minor repairs. Since the receipt of the notice appended, I have had the building examined by a competent builder, whom I invited to estimate upon the cost of the repairs demanded. He very frankly declined to do so, saying that such extended and expensive repairs were entirely unnecessary, and agreeing with the architect of the Department of Charities in saying that much less costly ones would be quite sufficient. The second notice relates to a small shed for lumber in the rear of the carpenter shop, similar to others that have been erected from time to time for years past without any question of the propriety of the erection, being raised. I would respectfully request instructions from your board as to the disposition to be made of these notices.

The bodies of patients dying upon Hart's Island, reported to your board at your last meeting as having remained upon the island unremoved for three and four days respectively, were removed upon that day. In answer to the suggestion of the Commissioners of Charities to the effect that if patients were not removed, it was probably because notice was not sent, I beg to say that this is entirely at variance with the facts in the matter. Notice by telephone was sent in each case, following the transfer of the hospitals to the charge of your board, until the receipt of a letter from the superintendent of the out-door poor, a copy of which I enclose.

In spite of his assurance "that the boat would stop every day," it did not so stop, and the messages were sent as before.

In the case of the three bodies removed on Monday last, however, no question could properly be raised, as notice was sent, not only by telephone but by telegram. Since the meeting of your board last Monday, and the receipt of the instructions then given, I have added notification by registered letter to that by telegram and by telephone. The boat removing the three bodies on Monday, the 20th, brought to Hart's Island for the city cemetery bodies

Manhattan State Hospital—Annual Report

for interment which had been accumulating at the Morgue for at least the same period. Some seventy-five bodies were landed on that day by the boat of the Department of Charities, and by that of the health department; the latter presumably being those of patients dying from contagious or infectious diseases. The piers used were those necessarily used for landing of passengers and food supplies and other freight for your hospital, and these piers were left in a filthy and unsanitary condition in consequence. On Wednesday again, a number of bodies were landed from the steamer of the Department of Charities a short time before the arrival of the hospital steamer, so that the bodies remained upon the pier during the landing of the passengers, food supplies, etc., from the latter. After consultation with three members of your board, who visited Hart's Island upon the latter occasion, and witnessed the occurrence of which I speak, I have addressed the Commissioner of Correction, under whose jurisdiction the city cemetery comes, asking him to request the department of docks to erect a separate pier for the purposes of the city cemetery, and remote from the pier used for the purposes of your hospital. This request had, from time to time, been presented to the Department of Charities, and last upon the 20th of January, 1896, in a letter, a copy of which I append. The recommendation contained in this letter was disapproved by the Commissioners of Charities, and without the reference to the commissioner of correction, which I suggested therein. That gentleman assured me at the time that he favored the erection of the proposed pier, and I have no doubt that he will make the application as requested.

I would suggest that the influence of your board be exerted to further the application when made.

Your secretary has showed me a copy of a letter under date of the 21st inst., in which the Commissioners of Charities submitted the suggestion that the steamer "Brennan" will be sent to Hart's Island "upon the receipt of a telegram from the general superintendent." This suggestion was anticipated, as the send-

Manhattan State Hospital—Annual Report

ing of all such notices by telegram was commenced on the 14th instant—just one week before.

The patients sent to the hospital from the pavilion at Bellevue Hospital during the week have complied with the requirements of the State Commission in Lunacy, inasmuch as they have been provided with new clothing. In the matter of the female patients, however, the dresses have been commonly of such small sizes as to be of use only to so far comply with the regulation as to justify their admission. In the matter of both the male and female patients, the boots and shoes have commonly been too small for the patients wearing them, and have in many instances been cut and mutilated in order that they might wear them at all.

Yours very truly,

A. E. MACDONALD,
General Superintendent.

May 4, 1896.

HON. HENRY E. HOWLAND, *President Board of Managers:*

My Dear Sir.—I have the honor to enclose the regular weekly reports of the several departments of the Manhattan State Hospital, for the week ending May 2d.

As instructed by your board, I addressed a letter to the Metropolitan Telephone and Telegraph Company, asking them to submit an estimate of the cost of a private telephone line from the hospital premises at Central Islip to the city offices, No. 1 Madison avenue. They estimated such cost at \$5,000 per annum. I have also had the cost of telegrams, which it was found necessary to send during the first quarter of the current year, computed, and find it to have been but \$11.23. I enclose all the papers relating to this question.

I have visited the State Architect's office in Albany, and examined some plans, and discussed the general question of buildings for this hospital with him and his assistants. He informs me that some of the buildings may be commenced without delay, and that two of his assistants will come to New York this week

Manhattan State Hospital—Annual Report

for the purpose of laying them out and preparing the working plans for submission to your board and the State Commission in Lunacy. The buildings which can be commenced with the least delay will be the attendants' homes at Ward's Island and Central Islip, and the kitchen buildings at those two places.

The attentions of some of the city departments to the buildings and premises of the State Hospital continue. Notice has been given during the week to the building department that another small frame building—a closet—upon Ward's Island may not be erected without formal application and permit. At Blackwell's Island, the chief of staff of the Metropolitan Hospital gave notice yesterday that he would cut off the water supply to the kitchen and dining-room, occupied by the attendants of the State Hospital, and that these premises must be vacated. I have had the position of the matter explained to him, and apprehend that he will postpone the proposed interference.

The department of street cleaning placed a barge at the coal dock at Ward's Island on Saturday, without any notice to us, and explained afterwards that it was intended for the receipt of ashes from tug boats, etc., plying in this neighborhood. The coal dock is in regular use by us, and the annoyances and dangers to the inmates of the hospital from its use for the proposed purpose would be extreme. It is only fair to say that this assignment was probably made without the knowledge of the head of the street cleaning department, or upon misrepresentation made to him, such as, that we made no use of the dock in question, and that it was the desire of the captains of the steamers that that dock should be selected. Upon communicating with the head of the bureau of final disposition, under whose jurisdiction the matter comes, I was given to understand that the assignment might be reconsidered; if not, I shall report the matter to your board for further instructions.

I would respectfully ask to be informed if your board has reached a conclusion upon my recommendation that patients be transferred from the wooden pavilions upon Blackwell's Island

Manhattan State Hospital—Annual Report

to the rooms under the amusement hall? If this can be done, with the transfer of 100 patients to another State hospital, it will go far toward enabling us to abandon the pavilions altogether, and possibly the attendants' kitchen and dining-room, referred to above.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, May 11, 1896.

Hon. HENRY E. HOWLAND, *President, Board of Managers:*

My Dear Sir.—The regular weekly reports of the operations of the Manhattan State Hospital during the week ending May 9th, are herewith respectfully submitted.

Upon Saturday, I received a telephone message from the Commissioner of Correction, stating that his department was about to conclude an arrangement with the East River Gas Co. to supply gas to the institutions on Blackwell's Island, at the rate of 92½ cents per 1,000 cubic feet, and asking whether this supply would be taken also for the buildings occupied by the State hospital. I answered Mr. Wright that your board would meet this day, and that I would then bring the matter before you, and give him an answer to-morrow (Tuesday) morning. I would respectfully recommend that arrangements be made with the East River Gas Co. for this supply as proposed.

I have the honor to say, in regard to the notice from the Commissioners of Charities to your board as to the surrender of the four boilers on Blackwell's Island and the withdrawal of the employes of that department, that the boilers have been under the care of the hospital employes for months past, and that the employes of the Department of Charities have had no more than a nominal relation to them.

I beg to enclose a notice served upon the medical superintendent of the male department, Ward's Island, in relation to the building of the small closet, to which I called the attention of

Manhattan State Hospital—Annual Report

your board a week since. Work upon this, and the other repairs and improvements covered by the several notices of the building department, has been suspended, awaiting further instructions of your board.

The scow for the dumping of ashes, the placing of which at the coal dock at Ward's Island I reported to your board last week, has since been removed to another location by the street cleaning department.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, May 18, 1896.

HON. HENRY E. HOWLAND, *President, Board of Managers:*

My Dear Sir.—I have the honor to submit the regular weekly reports of the Manhattan State Hospital for the week ending May 16, 1896.

The hospital has been visited by Mr. W. E. Kisselburg, Deputy Attorney-General, in response to the request made of the Attorney-General by the secretary of your board. Mr. Kisselburg has investigated the matter in question; as between your board and the Commissioners of Charities, relating to the occupation of the "amusement hall building" on Blackwell's Island. His opinion is, that the Commissioners of Charities have no valid claim to any portion of this building, other than the joint use with this hospital of the chapel, and his advice is that any proposed use of the other rooms by the hospital patients be proceeded with without further delay or negotiations. In view of this opinion and advice, I would respectfully renew my recommendation that these rooms be occupied for dormitory purposes.

The transfer of 100 patients, arranged for by the State Commission in Lunacy, to the State hospital at Binghamton, will be made within the present week. If coincidentally, with that transfer, certain rooms in the "amusement hall building" should be occupied as I propose, we shall be able to at once abandon three of

Manhattan State Hospital—Annual Report

the five old wooden pavilions. Two of them need not, I anticipate, be again occupied for the insane, and the third is much needed to provide accommodation for male employes. In the absence of such accommodation, we have been unable to secure a full staff of such employes for the kitchen and other work, and have been compelled to still depend upon the assistance of prisoners detailed from the workhouse. This is, of course, most objectionable. One-half of one of the vacated pavilions could be devoted to this purpose, and the other half to the equally necessary purpose of providing accommodation for the horses and vehicles, necessary for carting coal, transferring patients and supplies, etc. The horses and carts have been purchased and are now on Ward's Island, awaiting the provision of the accommodation named, and in the meantime, we are dependent upon the courtesy of the Commissioner of Correction, and of the superintendent of the workhouse, who have kindly performed these services for us.

Mr. Kisselburg advises, in regard to the action of the several city departments and bureaus, that no attention be paid to the formal or informal notices given to myself or other officers or employes of the hospital. He is of the opinion that the building department, for example, has no control of such work, in process or contemplated, upon the premises occupied by the State, and advises that we may, in the matter of repairs, make them in such way as we deem proper, or are advised by the State Architect, although such way may be at variance with that dictated by the building department, and that the small wooden structures, which had been commenced, and formed the subject of the notices to Drs. Dent and Macy, may be proceeded with without regard to such notices. I would respectfully ask your board to instruct me accordingly.

With reference to the communication from the secretary of the Department of Charities relating to the property belonging to patients in the Manhattan State Hospital and still retained

Manhattan State Hospital—Annual Report

by the Department of Charities, I beg to make the following statement:

All this property should have been transferred to the custody of the Manhattan State Hospital when the patients were transferred. To this end, I prepared and delivered to the president of the Board of Charities a list of all patients in residence at the time of the transfer, and he assured me that the property would be handed over. This has not been done, and I am informed that there is good reason to believe that it cannot be done. I have declined to issue any orders for the delivery of property to relatives or friends of patients who are still in the hospital, as the property should be held for the benefit of the patients, and not of their relatives or friends, and in the case of patients discharged, a certificate of their discharge, which we give when requested, should serve all proper purposes. I would suggest that your board communicate with the Department of Charities, and ask that all property now held there and belonging to patients still in the hospital, be surrendered without further delay.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

May 25, 1896.

HON. HENRY E. HOWLAND, *President Board of Managers:*

My Dear Sir.—The regular weekly reports of the several divisions of the Manhattan State Hospital, for the week ending May 23d, are herewith respectfully submitted:

This morning, 100 female patients were transferred to the State hospital at Binghamton, thus relieving the overcrowding to that extent, especially in the wooden pavilions upon Blackwell's Island. Proposals for supplying coal for the hospital for the coming year were opened by the secretary of your board on Thursday last, the 21st inst., and are herewith laid before your board for consideration and action.

Manhattan State Hospital—Annual Report

The bid of Mr. Joseph K. Wells, which is the lowest in amount, was not accompanied by a bond, as stipulated in the specification. A letter from Mr. Wells, under date of the 22d inst., and inclosing such bond is also submitted herewith.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

June 1, 1896.

HON. HENRY E. HOWLAND, *President Board of Managers:*

My Dear Sir.—I have the honor to submit the regular weekly reports of the Manhattan State Hospital for the week ending May 30th.

There are no matters calling for special report to your board, other than such as will be brought up by the correspondence submitted.

Very respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, October 12, 1896.

HON. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to transmit the regular weekly reports of the several branches of the Manhattan State Hospital for the week ending Saturday, October 10, 1896. Similar reports for the preceding weeks, since the last regular meeting of your board, will be found upon file in the board room.

Since the last regular meeting of your board, the affairs of the hospital have progressed smoothly and satisfactorily, so far as the internal administration and arrangements have been concerned. The larger appropriations for the maintenance of patients have been expended, apart from improvements in clothing and other personal comforts, in improving the general condition of the wards, by the making of necessary repairs and the addition of new furniture, pictures, and other decorations, etc.

Manhattan State Hospital—Annual Report

The difficulty in procuring the services of a full corps of employes, owing in part to civil service restrictions, in part, to the general low rate of wages allowed, and, in part, again, to the inadequate accommodations pending the completion of some of the new buildings, has left unexpended a considerable proportion of the allowance for salaries and wages. This amount has been used to great advantage in the temporary employment of a number of mechanics, paid by the day, who have, with material purchased from the increased maintenance allowance, done a great deal toward renewing floors, painting walls, mending roofs, etc.

The following named new buildings have been commenced and are now in progress:

Frame cottage for male employes, at Central Islip.

Work shops, etc., Ward's Island.

Brick building for female employes, Ward's Island.

Kitchen building, connecting with the Verplanck building.

Laundry building, Ward's Island.

Contracts have also been made for the steam heating and ventilating of the buildings above named.

To this list will be added: The erection of a kitchen building, associate dining room, and two ward rooms, for 132 patients each, adjoining the branch group, at Ward's Island; the steam heating and ventilating of same, and the heating and ventilating of the kitchen and laundry buildings, proposals for which are to be opened by your board this day.

In addition to these, specifications are being prepared and printed for the plumbing in these various buildings, and plans have been prepared for the new pier at Ward's Island, and for the superstructure upon the pier at the foot of East One Hundred and Sixteenth street, and are now in the hands of the dock department for revision. Preliminary plans have also been prepared and submitted, for the group of three pavilions and dining room, at Central Islip, and for the new storehouse building, including rooms for cold storage, and for an ice manufacturing plant on Ward's Island.

Manhattan State Hospital—Annual Report

The measures for the improvement of the steam heating plants at Blackwell's and Hart's Islands, and at Central Islip, were left by the State Commission to be arranged for by the hospital, and have progressed satisfactorily, those at Hart's Island and Central Islip being completed and ready for service, and that at Blackwell's Island being contracted for under a guarantee of completion within thirty days of the signing of the contract last week. The improvement of the steam heating plant at Ward's Island has been undertaken by the State architect, and a contract for a portion of the work has been awarded and that work is now in progress. It has been so much delayed, however, that I am apprehensive that the unfortunate experiences of last winter will be continued, if not aggravated, during at least the earlier portion of the coming winter.

The training schools for nurses and attendants, in the several branches of the hospital, the organization of which is required under the provisions of the Insanity Law, were opened on the first of the present month, and lectures are now in regular progress, the attendance in all reaching nearly 300.

A particularly pleasant feature of the hospital life during the summer months has been the application of the allowance for amusements, which is at the rate of two cents a week for each patient, to the giving of band concerts, etc., in the open air, at which on one occasion as many as 2,986 of the patients attended. The large open-air swimming bath has also been in full use during the summer, the male and female patients using it on alternate days, and as many as 1,065 of the female, and 1,161 of the male have used it on their respective days.

The annoyances from the relation of your hospital to the Department of Charities, have continued, and have recently been somewhat aggravated. A communication which I addressed to the president of the latter department, with the sanction of the finance committee of your board, and under date of the 23d of September, a copy of which was sent to each member of your board with the minutes of the last meeting of that committee,

Manhattan State Hospital—Annual Report

has remained unanswered and unacknowledged. The only evidence of its receipt is given by the fact that the religion of the different patients transferred, is now stated not in the blanks formerly sent, but in the body of the medical certificates, where it is uncalled for and out of place. Upon the 7th instant, I again addressed the president of the department in a letter, a copy of which I append. (Appendix A.) In the short time that has elapsed since the suspension of the practice of sending the blanks referred to, we have received four patients suffering from severe injuries, of which no mention was made in the papers accompanying them; two of whom died within a few days after admission, as a result, at least in part, of these injuries. The absence of information, too, as to residence of relatives continues to cause trouble to the hospital and complaint upon the part of the relatives. The only reason for withholding the information, which is apparent, is the fact that it is the custom now with the committing physicians to make affidavit, in the majority of cases, that no friends are known, and to send the address of friends would, of course, negative this assertion and would somewhat delay the transfer of the patients, as where friends are known the law requires that notice shall be served upon them prior to the patient's commitment.

Upon the first of the month, Dr. Stewart, the chief of staff of the Metropolitan hospital, refused to permit the removal from the deadhouse at Blackwell's Island of the body of a patient who had died in the Manhattan State Hospital there. Later in the day your acting president, Colonel McAnerney, received a communication from the Department of Charities giving formal notice of such refusal, and enclosing a copy of the opinion from the corporation counsel apparently justifying that refusal, and advising also that the Department was not required to remove bodies from Hart's Island. The matter was at once referred to the Attorney-General's office, and an opinion given in opposition to that of the corporation counsel. Mr. Frederick M. Evarts, a representative of the Attorney-General's office, in this city, after

Manhattan State Hospital—Annual Report

consulting with the president of your board, advised that that body, and two others which had been sent to the deadhouse in the meantime, should be transferred to the dock as demanded by the Department of Charities, but under protest, and pending a formal settlement of the controversy. This was accordingly done, a hearse and men being sent from Ward's Island for the purpose. In the meantime, Mr. Evarts has seen the corporation counsel in regard to the matter, and reports the result of his conference with him in a letter under date of the 9th instant, a copy of which I append. (Appendix B.) It is to be hoped that the result of the conference, and of Mr. Scott's subsequent advice to the Department of Charities, will be the amicable settlement of this particular question. The occurrence of another death this morning will, no doubt, bring the question to a settlement as I have given the regular notice required by law of the presence of the body in the deadhouse, awaiting removal by the Department of Charities. Another small interruption to the harmonious joint occupancy of the amusement hall, at Blackwell's Island, arose with the opening of the training school for nurses there, when Dr. Stewart at first refused to admit the nurses to the amusement hall, claiming that its use had been given to the Protestant Episcopal City Mission by the Department of Charities; that they had placed a lock upon the door and had furnished a key for the use of the Metropolitan and not of the Manhattan State Hospital. After a conversation between Dr. Stewart and myself, however, he thought best to recede from this position and the amusement hall has been occupied by the school as proposed.

The new Insanity Law, defining more closely the conditions under which patients may be committed to State hospitals, and giving to the superintendents more power in the rejection and discharge of patients by them considered improperly committed, it has been sought to return to the Department of Charities some of those patients who were sent to the city asylums in such large numbers, from other institutions of the Department of Charities,

Manhattan State Hospital—Annual Report

in evident anticipation of the transfer of the asylums to the State and with the desire of relieving the department from the care of as many as possible. Application was made to the Superintendent of Out-Door Poor, Mr. William Blake, for permits for two female patients, and he accordingly issued them for the almshouse. Shortly afterwards, it was sought to recommit to the hospital one of these two patients, but she was refused under the law. The reasons for considering her insane were, in my judgment, inadequate and, as a matter of fact, she was a paralytic who had been retained in the city hospital for nearly four years without any suggestion of her being insane, until the general transfer, above alluded to, took place. Similar permits were sought for two male patients but have not been furnished, nor has any answer to the request been made.

Several of the contracts for supplies expired on the first of the present month, and it was thought by the finance committee of your Board, that the terms of the specifications might, in some respects, be improved upon in advertising for new proposals. This matter was discussed with Commissioners Brown and Reeves, of the State Commission, at the time of the last meeting of the finance committee, September 25th, and it was agreed that the making of new contracts should be deferred, and that in the meantime purchases might be made in open market. I would recommend that this practice be continued for the remainder of the current year. The advantages of purchase by contract are not indisputably determined, and alternating purchases from different dealers, and of varieties of supplies, will give before the end of that period knowledge and experience, which will be of great value in determining the requirements of the new specifications. Already there has been an appreciable improvement in certain articles of supply, meat and fish for example, at a very slight increase in cost.

The money and valuables belonging to patients who were in the New York city asylums at the time of the transfer, and which have formed the subject of correspondence between the secretary of

Manhattan State Hospital—Annual Report

your Board and the Department of Charities, have not yet been surrendered by the latter. In the meantime there continue to be complaints upon the part of the patients and their friends who do not receive this property upon the discharge or death of the former. I would respectfully recommend that the Department of Charities be again addressed upon the subject.

Yours respectfully,

A. E. MACDONALD,
General Superintendent.

APPENDIX "A."

October 7, 1896.

HON. SILAS C. CROFT, *President, etc.:*

My Dear Sir.—I have not yet heard from your board in answer to, or acknowledgment of, my letter of September 23d, in relation to the trouble arising from the discontinuance of the custom of sending particulars as to residence, etc., with patients transferred from the pavilion at Bellevue Hospital to Ward's Island.

I think it best to address you again upon at least one phase of the matter—the failure to give information as to injuries, their nature, and whether received at the pavilion or prior to admission thereto. In the letter referred to, I cited the case of Isaac L. Wilson, who was admitted on the 18th of September. This patient died on the 26th, the injuries reported contributing to his death, and in view of this fact, and of the absence of any information from the pavilion, we were compelled to refer the case to the board of coroners. Upon the 30th of September, a similar case occurred, Mr. Henry Moos being received with injuries upon his person, including a fractured rib, and confined by iron handcuffs, although in an exhausted condition, which rendered restraint entirely unnecessary. He lived but two days after admission, and again, for the reasons above given, the matter of his death had to be referred to the board of coroners. To-day, once more, a third patient, John Adams, was transferred, suffering from extensive bruises on different parts of the body, and having a fracture of one or more ribs.

Manhattan State Hospital—Annual Report

I would again respectfully call the attention of your board to this subject, and renew my requests as stated in my letter of the 23d ult.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

APPENDIX "B."

LITTLE & EVARTS,
COUNSELLORS-AT-LAW, No. 62 WALL STREET, }
NEW YORK, *October 9, 1896.* }

Dr. A. E. MACDONALD, *General Superintendent Manhattan State Hospital:*

Dear Sir.—Since talking with you this morning, I have called upon Corporation Counsel Scott, and have presented or argued the question of the dead bodies hereafter at Blackwell's Island, after which he dictated a communication to the Department of Charities, wherein he stated that my information was the first given to him that a deadhouse existed on Blackwell's Island, from which it had been customary for said department to remove the dead bodies, and had he known any such fact at the time his opinion was dictated he would have decided that such removal from the deadhouse was to be continued. He also stated that the subject was a delicate one and the controversy an unseemly one under the facts stated, and if in fact the deadhouse referred to had been in use on Blackwell's Island both by the Manhattan State Hospital and the Metropolitan Hospital, or other places upon said island, for the reception of dead bodies, from which the employees of said department removed said bodies, such should be continued as heretofore; in case such deadhouse existed then a communication sent by him to them should take the place of the one of September 25, 1896, under which they had declined to receive said dead bodies only at the dock, and if such deadhouse did not exist for said department to immediately inform him and in the

Manhattan State Hospital—Annual Report

absence of such communication from them they must continue to remove the dead bodies from the deadhouse as heretofore.

I mentioned to Mr. Scott the statement made by Weaver over the telephone, that our hospital had no rights at the deadhouse and should be excluded therefrom, and presented my views upon that question, receiving Mr. Scott's assurance that such use by the hospital of the deadhouse as heretofore existed should be continued. He also stated to me that he had declined to give said department or others any opinion or direction concerning the amusement hall or lecture hall or music hall, whatever it may be termed, and the exclusion of the hospital therefrom, and in his opinion such matter should have adjusted itself and the use been continued; that he was personally opposed to raising such small questions and hoped to avoid them. He coincided in my view that controversies should not be raised or made to satisfy the animosity of any person on either side, and that he was aware some feeling existed but did not know until my explanation of the animosity.

I left him with his promise of co-operation in avoiding irritating and harassing questions in the future, and that unless I heard something more from him, the communication he was then sending would accomplish the resumption by the Department of Charities of the removal of bodies as heretofore. From the communication I heard him dictate, said department will not be able to depart therefrom, except for the non-existence of any deadhouse heretofore used on Blackwell's Island, or unless said department declines to accept this last advice and opinion of the corporation counsel.

I expressed to him my wish to communicate the situation if possible, on Monday to the board of managers of the hospital, and he thereupon promised to inform me of any changes existing prior to said time or if any were made, although he did not expect to be personally present in the city on Monday.

He complains that some communication concerning telephones has never been answered, and I have assured him that any communication sent to me will always be answered either through the

Manhattan State Hospital—Annual Report

proper source or myself, and that the State or Attorney-General's office would be pleased to meet him for conference or discussion of matters presenting themselves in the effort to avoid irritating or inharmonious or nagging actions. Whether all that I have outlined will be accomplished the future can only determine, and I have written thus at length in desired preservation of the interview had by me with him. If I receive anything changing the status I will immediately communicate the same to you.

As the corporation counsel was obliged to attend at court, opportunity was only presented for the foregoing, and before presenting to him any conclusions concerning Hart's Island I would like to know at what hours or days the department's boats are at the island, so that bodies could be received therefrom, if necessary, and without special trips.

Yours,

FRED'K M. EVARTS,

Acting for Attorney-General and Manhattan State Hospital, designated under Executive Law.

October 26, 1896.

HON. HENRY E. HOWLAND, *President, etc.:*

Sir.—In the absence of the General Superintendent, I herewith transmit weekly reports of the transactions of the various departments of the Manhattan State Hospital.

I would respectfully state that an opinion from Mr. Frederick M. Evarts, acting for Attorney-General, was received on 20th inst., to the effect that the Manhattan State Hospital would remove its dead bodies to the docks for the Department of Charities. I telephoned to you for instructions, and have since been removing the bodies, as directed by you, from the morgues to the dock's on Blackwell's and Hart's Islands, from which places they have been removed by the Department's boat.

The Department of Charities has directed that coal be piled on the ground east of halls 9 and 10, within a few yards from the building. They have at present over one hundred tons there, and I understand intend piling more there. Aside from this being

Manhattan State Hospital—Annual Report

very unsightly, it will be very objectionable on account of the noise of shoveling and handling, and will be a source of supply of coal dust to the wards. I would, therefore, respectfully recommend that the Department of Charities be requested to find another place to pile the coal.

The work of repairing the roofs of the pavilions on Blackwell's Island and the steamfitting, both in the hands of contractors, is progressing fairly well and, I think, will be completed satisfactorily within the specified time of thirty days.

The contractors are at work on the steam-heating in the Verplanck building, pavilions and annex here, but I fear unless the work is pushed more rapidly, we will be rendered uncomfortable by cold weather.

Entertainments were given here, and also at Blackwell's Island, during the week, which were enjoyed by over 1,000 patients.

Respectfully,

E. C. DENT,
Medical Superintendent.

NEW YORK, *November 10, 1896.*

Hon. HENRY E. HOWLAND, *President, etc.:*

Sir.—In the absence of the General Superintendent, I herewith respectfully submit a report of the transactions of the Manhattan State Hospital since the last meeting of your board:

In obedience to your order, I have the following report to make relative to steam heating and ventilation at Ward's Island:

Specifications for heating and ventilating the workshops of the female department and the cottage for female employes have been printed and copies submitted to your board. The contract was awarded to Messrs. Gaylord & Eitapenc of Binghamton, N. Y., on the following bids:

Heating and ventilating workshops.....	\$9,793 00
Female employes' building.....	18,740 00

Manhattan State Hospital—Annual Report

The contract for heating and ventilating the male attendants' building at Central Islip has also been awarded to Messrs. Gaylord & Eitapenc for the sum of \$7,940.

Mr. Frederick P. Smith, representative of Hon. I. G. Perry, State Architect, visited this institution November 7th, and reports as follows:

"Steam from the new temporary steam plant can be supplied to the Verplanck building, annex, pavilions and the branches within ten days if necessary, and the whole contract will be finished easily within the contract time. The State Architect has given directions to the heating contractors for the several new buildings, including the shops, laundry and female attendants' buildings to proceed with their work at once, in order that they may have the plant completed as soon as the buildings are enclosed, which it is expected will be within four weeks on the shops and not more than six weeks for the female attendants' building.

"Estimates are now being taken by the State Architect for temporary connection to the new buildings from the present conduits, which are now being run under the Rutzler contract."

In connection with this matter, I enclose herewith a letter received from Mr. E. Rutzler, stating that it will be three weeks before he will have the steam on the new boiler system.

My observation in the matter is that when the present plant is in operation, there will be no more steam supplied to the buildings than was supplied last year. This, however, may be productive of better results, inasmuch as it may be better connected and the steam more economically used than heretofore. This being the case, it is obvious that no steam can be spared from the present plant for the purpose of heating the four buildings now in the course of erection. It will, therefore, become necessary to add two or more boilers to the present plant in order to meet this demand.

In reply to the enclosed letter from Mr. George E. Dodge, secretary of the board, in reference to Sunday visiting, you are in-

Manhattan State Hospital—Annual Report

formed that our records show an average of 91 visitors at the female department and 95 at the male department for the past three Sundays. It has been the custom to issue Sunday passes to those who find it impossible to visit during the week.

Referring to enclosed communication from D. F. Featherston, secretary of the district council, forwarded to me by Mr. Dodge in the matter of the violation of the eight-hour law in the work on the buildings in the course of erection here, I would state that I have found no instance in which this has been done. I have spoken to Mr. Hogan, representative of the State Architect here and he assures me that it has not been done, and when employees work overtime they are paid extra for it.

I herewith submit a copy of a letter sent to the State Commission in Lunacy by Mr. Perry, architect and building superintendent, in reference to the building to be erected adjoining the branch group at Ward's Island.

Concerning the dock to be erected at Ward's Island, I herewith submit a letter from Mr. George S. Terry to Mr. Perry, showing that permission has been granted. The specifications have already been printed and there is no reason why bids for the work should not be received within a very short time.

I also submit a copy of a letter from the State Commission in Lunacy to the effect that poultry will hereafter be disallowed for general use in the State hospitals, excepting for Thanksgiving and Christmas. Its use as a special diet will be allowed, however, as heretofore.

I enclose herewith a copy of a letter received from the State Commission in Lunacy regarding the transfer of several thousand packages of patients' valuables, now in the custody of the managers of the Manhattan State Hospital.

I respectfully enclose a letter received from Dr. W. A. Macy, medical superintendent, male department, in regard to inquest in the case of Theodore Mayers, who was killed by a patient, and the opinion of the coroner's jury that no blame should be attached to the institution in the matter.

Respectfully,

E. C. DENT,

Medical Superintendent.

Manhattan State Hospital—Annual Report

NEW YORK, December 3, 1896.

Hon. HENRY E. HOWLAND, *President, etc.*:

My Dear Sir.—I have the honor to transmit the customary reports of the operations of the Manhattan State Hospital.

Upon my return to duty, from my vacation, I find matters progressing favorably, and there is little that needs to be brought to the special attention of your board.

The new buildings, thanks to the continuance of mild weather, have made more than expected progress, and if provision can be made for their being temporarily heated, in order that the interior plastering may be carried on, one or two of them might be made available within the next two months. I again brought this matter to the attention of the State Architect, while in Albany, on Tuesday last, and, as a consequence, he sent his assistants to Ward's Island yesterday to investigate the matter, and the possibilities of drawing upon the steam plants there for the purpose. They promised to report immediately some plan for carrying out the purpose named. I, at the same time, discussed with the State Architect and the State Commission in Lunacy, the possibility of further building, especially the additional pavilions for 264 patients on Ward's Island, bids for which were opened by your board on the 12th of October. As your board is aware, objection has been made to the carrying out of this contract by the State Commission in Lunacy, upon the ground that the cost per capita will be in excess of that allowed by law, and upon the further ground that the appropriations are so nearly exhausted as to make it impossible to spare the amount required for these buildings. I have suggested, in the latter contingency, and if it is found impossible to erect these buildings without further delay, that the group of three pavilions and dining-room at Central Islip, the plans for which have already been approved by your board, might be erected as their cost would be much less than that of Ward's Island buildings, and they could be much earlier occupied as the arrangements for steam heating, lighting, sewerage, etc., are already made.

Manhattan State Hospital—Annual Report

The Commissioners in Lunacy expect to spend four days of next week in their semi-annual inspection of the several divisions of the Manhattan State Hospital, and I would suggest to your board the propriety of arranging for a joint meeting with them during that time, say next Thursday afternoon, at which the matter of these buildings and allied matters, as also the questions of contracts for supplies which were deferred from your last joint meeting can be discussed.

I have the honor to return the communications from the Department of Charities, relating to the removal of loam from the neighborhood of one of the buildings occupied by your hospital, on Blackwell's Island, together with letters from Drs. Dent and Spellman in reply thereto. While this removal is in my judgment unjustifiable, and annoying, it is of too trivial a nature to require formal action by your board.

I beg to return also copies of the communications of the same board, relating to the throwing of stones by the patients of your hospital upon Blackwell's Island, and to subjoin reports from Drs. Dent and Moseley in reply. Mr. Knowles' statement that "no restrictions are placed upon the insane asylum's patients, and they have full liberties on any part of the grounds, etc.," is directly at variance with the facts, he doubtless having been misinformed in regard thereto. The patients are allowed out of the buildings only under the close and constant supervision of the attendants and other employes, and the unfortunate occurrences complained of, have been due to the officers and employes of the Metropolitan Hospital, in the first instance by unnecessarily driving among the patients when other roads were equally available, and in defiance of repeated warnings and requests, and in the second instance in appropriating so much of the grounds formerly occupied by the insane that the space remaining is altogether inadequate and unsuited for the purpose of exercise. But about 450 linear yards of pathway are used by our patients south of the Metropolitan Hospital grounds, and as these patients number from 375 to 425 it will readily be seen that the space is not sufficient for proper exercise, and the confinement of the patients

Manhattan State Hospital—Annual Report

to it naturally leads to friction, excitement, and acts of violence such as are complained of. The patients should not go near enough to the Metropolitan Hospital to be able to reach it with a stone thrown by them, but this arrangement is one which Dr. Stewart has forced upon them by the appropriation before referred to. I understand that he now proposes to have us surrender about one-fourth of this limited course. We shall be only too glad to rearrange the routes for exercise, if the Metropolitan Hospital authorities will concede in one direction space equal to that surrendered in another, so that the net area shall not be curtailed. The exercise and change of air necessary to their health and comfort cannot be provided for these patients in less space, and the present space, indeed, is altogether more limited than it should be.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

January 14, 1897.

HON. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—The standard weekly reports of the several departments of the Manhattan State Hospital have been placed upon file in the office of your board during the interval since your last regular meeting, upon December 3d.

Matters have progressed during this period without anything occurring calling for extended report or comment.

An insane patient, Abraham Horowitz, has been discharged by order of the court upon a report made by a referee, to whom the question raised by a writ of habeas corpus had been sent by the court. The representative of the hospital, and the Attorney-General's office, following the custom of the latter, simply presented the return of the superintendent, showing that in his judgment the patient was not in condition to be discharged, and had witnesses in attendance to testify if the court so desired. Such desire was not manifested, only one physician was called

Manhattan State Hospital—Annual Report

out of several who were prepared to testify, and the discharge of the patient was recommended by the referee, apparently upon the strength of the statements made by the patient himself, although many of them were manifestly the result of delusions, and showed the necessity for his commitment and confinement. Following this case, the representative of the Attorney-General's office has notified me that the latter officer has ordered him to discontinue his appearances for the hospital in ordinary writ-cases, giving as a reason that it is not the duty of the hospital authorities to resist the discharge of patients; that the court having committed them, it must take the responsibility in the matter; and that the hospital officials do all that is required of them when they make the regular return to the writ and produce the patient, and themselves attend in court, for such examination as the judge may see fit to hold.

A female patient, Lena V. Reynolds, committed suicide on the 9th inst., by strangulation, and the matter was at once duly reported to the coroner's office. This is the first suicide that has occurred in the female department since May 28, 1894.

Dr. Macy, the medical superintendent of the male department, left for his new duties as superintendent of the Willard State Hospital, on the 12th inst. I am in correspondence with the gentlemen whose names are upon the civil service eligible list, with reference to the filling of the vacancy thus created.

The Rev. Wm. E. Ringwalt, chaplain of the Central Islip branch of the hospital, died on the 29th ult., and I have appointed the Rev. R. L. Brydges, rector of St. Mark's church, at Islip, to fill the vacancy thus caused.

The several new buildings in process of erection have made satisfactory progress since my last report, and, with the provision of steam-heating for the temporary purpose of enabling the contractors to continue the plastering and other interior work, which is now nearly ready, it is expected that some, at least, of them will be available for occupation before the close of the year following the transfer of the city asylums to the care

Manhattan State Hospital—Annual Report

of the State. In the meantime, the State Commission has arranged for the transfer of forty patients from this hospital to that at Ogdensburg, on the 25th of this month, and other similar transfers are promised as buildings at other State hospitals now in progress are completed. Contracts have been completed for the necessary plumbing and drainage of the several new buildings, and the proposals for the electric-wiring having been opened on Monday last by your secretary, Mr. Dodge, are now in the hands of the finance committee for report and recommendation to your board. Work upon the new pier at Ward's Island, has been commenced and its completion is promised, under the contract, by the 1st of April.

At the meeting of your board, of December 3d, I was by resolution instructed to report at your next regular meeting in accordance with the request made by Mr. Dodge, "in regard to the matter mentioned by Mr. Dodge, in connection with Blackwell's Island and to see if it would be possible to erect a storage building for the Central hospital, at Blackwell's Island, so as to avoid the constant passing of patients in front of the Metropolitan hospital."

In view of the prospective transfers of patients of this hospital to other State hospitals, and of further relief of the present overcrowding from the completion of the new buildings, for employes in the older buildings, I think it would be well to at least defer action in the direction suggested by Mr. Dodge.

The removal, or tearing down, of one of the old wooden pavilions at Blackwell's Island, in order to use some of its material in the construction of a new storehouse or working-rooms, would, in my judgment, be of questionable propriety inasmuch as your board is expected to deliver at the end of five years' occupation, to the city of New York all buildings which passed to the use of your board at the time of the transfer. It is a question whether the delivery of a portion of the material of these buildings in an altered shape and position would fulfill this requirement. Apart from this possible objection, the material is so old that I doubt

Manhattan State Hospital—Annual Report

if it would survive, in condition to be used again, the tearing down of the present buildings. In any case considerable expense would be involved not only for the construction of the building, but for heating, lighting, etc., and probably a larger outlay than would be desirable in view of the prospective abandonment of the buildings at Blackwell's Island, even before the term of the lease, and in view also of the discovery that funds to the extent anticipated are not immediately available for the purposes of this hospital. In the meantime, also, the use of the building selected for removal would be lost to us, and there is no available space which could be utilized in its stead. The passing of the patients of our hospital by the building of the Metropolitan hospital has gone on for years, and in greater numbers than now, without complaint until very recently. It can be really but a slight annoyance to the officers and inmates of the latter, as the patients are always in care of attendants—ininitely less than that caused in various ways by themselves to the officers and inmates of our hospital; and under all the circumstances, I cannot feel that your board is called upon to go to considerable trouble and expense in order to meet their wishes.

Plans prepared by the State Architect for the projected building for physicians at the Central Islip branch, will be submitted to your board to-day. There are certain alterations which I have suggested to the building committee of your board, and certain others which are suggested by Mrs. Kinnicutt of that committee. I would respectfully recommend that the plans be returned to the State Architect with a memorandum of the changes suggested.

I have the honor to return the communication from the counsel to the corporation under date of December 14th, referred to me by you for report.

I judge from former action of your board that you consider that the whole question of the furnishing of clothing for the patients transferred by the Department of Charities to your hospital was settled by the action of the court, before which the

Manhattan State Hospital—Annual Report

whole question was submitted for decision, and that the report now required from me should have reference more especially to the specific instance of alleged misuse of clothing referred to in Mr. Scott's letter.

It may not, however, be out of place, in passing, to call the attention of your board to the fact that the counsel to the corporation bases his request that you will ignore or evade the decision of the court in your favor upon the following statement:

"I then said to you that I was informed that it was the custom of the Manhattan State Hospital to continue to clothe the patients thus received in the garments furnished by us, so that, in effect, we were supplying clothing not only for the purpose of transmitting patients to your institution, but also were actually clothing them while in the institution, a burden which the law does not place upon us."

Upon the other hand, under date of October 22, 1896, the president of the Department of Public Charities, making a similar demand of your board, based it upon the following statement:

"We are informed that this clothing is only worn by the patients while in transit, and that upon their arrival at the asylum, institution clothing is at once substituted, and the clothing purchased by this department stored away and not again worn by the patient for whom purchased."

In the course of Mr. Scott's communication, he claims that he "has received no encouragement or assistance from any of the officers of your institution in his efforts to preserve amicable relations." I think that Mr. Scott is in error, owing, no doubt, to misinformation, in this statement, but assuming it, for the sake of argument, to be true, I would submit that, with the best intentions in the world, it would be difficult for your officers to so shape their conduct as to meet the wishes of Mr. Scott and his clients, so long as they differ so diametrically between themselves.

As to the case of "Lugi Sterpon," as the name is given by Mr. Scott ("Luciano Streppone" is the correct name) the information

Manhattan State Hospital—Annual Report

upon which Mr. Scott bases his complaint is evidently incorrect in almost every particular. The fact, as stated by Mr. Scott, that the clothing was marked "New York Asylum for the Insane, Ward's Island," is sufficient in itself to show that it was not clothing furnished by the city since the transfer of the hospital to the State, which, if marked at all, would be marked "Manhattan State Hospital," but some of the old clothing left over from the time when the institution on Ward's Island was called "asylum" and not "hospital," and was under the care of the Department of Charities. This fact alone removes all ground for the argument by which Mr. Scott follows it. As a matter of fact, however, he is misinformed in other particulars. The real facts in the case are these: The patient was an old and demented man, but not judged to be in such condition of insanity as rendered him dangerous, either to himself or others. His brother called at the hospital a few days after his admission, and requested his discharge, in order that he might return him to Italy. In support of this application, he presented a letter from the Hon. Silas C. Croft, president of the Department of Public Charities, vouching for his responsibility, etc., and stating that Mr. Croft had arranged to allow the patient to remain at Bellevue Hospital until preparations should be completed to take him aboard the steamer for Italy, in case he could not be received at the steamer at once. An attendant was sent over to accompany him to the steamer, but his services were not required. No pretense was made of discharging the patient as "cured," but he was discharged as "not recovered," probably incurable, but at the same time, having a form of insanity so mild as to justify his leaving for the purpose and under the conditions named. In a word, then, the incident which Mr. Scott now makes the basis for a complaint against the officers of your hospital was a perfectly legitimate proceeding upon their part, and was, in the main, a compliance with a request made by the president of the department in whose name he now complains.

Manhattan State Hospital—Annual Report

Even in the small matter of the telephone message and reply there is an error, such as is apt to attend telephone communications, which materially alters its bearing upon the case. The patient left the hospital on December 9th, and the message informing us of his presence in the pavilion, was received on the 11th. It was, of course, supposed that he was there under the proffer made by Commissioner Croft, and the physician upon duty accordingly answered that it was all right and that Mr. Croft understood the matter.

The delay in the removal of bodies from Hart's Island, previously reported to your board, and regarding which your secretary has, from time to time, communicated with the Department of Charities, continues. During the month of December, of thirteen patients dying in that division of the hospital, the bodies of but four were removed within twenty-four hours, required by law, and this was only because the department's steamer happened to visit the island within that period for other purposes than their specific removal. The other bodies were not removed until periods of from 48 to 120 hours had elapsed, following the sending of the notice prescribed by law and in the manners directed by your board—by telegram and by registered letter, as well as by telephone. In one of the last-named cases, the annoyance to the friends of the patient and to the hospital officials was particularly great. The patient, Sopha Sophia, had many relatives and friends, so that notice of her death was sent by us to on less than six different addresses. The friends at once made arrangements for her burial and called at the Bellevue Hospital morgue in compliance with the notices sent by us. The body was not received there, however, until the fifth day following the death and the sending of the usual notices. A peculiar feature of the case was the sending to Dr. Evarts, by the superintendent of Bellevue Hospital, of a letter in which he complains of the "exceedingly unnecessary delay," and adds that "the relatives, who are Hebrews, feel very much incensed and complained in no measured terms." Mr. Murphy assigns the blame to our hospital,

Manhattan State Hospital—Annual Report

forgetting, apparently, that the Department of Charities is charged with the duty of promptly removing bodies in order that their friends may claim them, and the indignation of the friends is, of course, directed against us instead of against those really responsible. In their answer to one of Mr. Dodge's letters, the Commissioners of Charities inclosed the copy of a statement from their supervising engineer, who regulates the trips of their steamboat, in which he stated that he had been given to understand that the removal of bodies from Hart's Island should be made at the "convenience" of their department. It would appear that this convenience is determined by the trips of the steamboat upon which bodies are taken to Hart's Island for interment there, and that no regard is paid to the notifications as to bodies to be carried in the other direction. As, at this season of the year, their boat makes but two trips a week, for the former purpose, it is a common and usual occurrence to have bodies lie there from three to four, or five days, awaiting the arrival of the boat upon its other errand.

At the last conference of the superintendents of State hospitals with the State Commission in Lunacy, in Albany, I secured from the latter concessions as to the wording of specifications for meats, and other articles of yearly contract supply, which in the main, met the wishes which had been expressed by your board upon former occasions, and at former meetings with the Commission. The weights of carcasses are, under these concessions, better arranged, in my judgment, and the most important point was also conceded—that the specifications might be so worded as to call for "Western dressed beef" or "Chicago dressed beef" instead of the "City killed beef," which has been found in practice to be less desirable. Specifications in accordance with this agreement have been prepared, and I herewith submit them to your board, and, if approved by you, would respectfully ask instructions to advertise for proposals in accordance with them, upon such date as your board may select.

Manhattan State Hospital—Annual Report

Growing inconveniences and annoyances are resulting from the delays in the State Comptroller's office, in furnishing the treasurer of the hospital with funds to meet claims as they arise. The payroll for the month of December was not paid off until the 12th of the present month of January. It is a great hardship to the bulk of the employes, who receive small wages—from \$14 to \$20 a month—to have to wait so long after the proper pay-day for their money. Many of them have to contribute to the support of families, and their inability to meet indebtedness for rental and other purposes promptly, causes considerable trouble and complaint. Other complaints come, and are increasing, from the dealers from whom supplies are purchased, and from contractors, who are furnishing the hospital with regular supplies. Our estimates are made upon the basis of prompt payment of bills—virtually cash payments—and are regularly reduced by the State Commission to that basis, if they judge that it is in any case exceeded. Several dealers have already declined to continue to supply the hospital with their wares, and there is constant correspondence and complaint in the matter. I would respectfully ask your board to make such representations to the authorities in Albany, who have to do with the matter of the hospital accounts, as may secure more prompt and business-like arrangements.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

February 11, 1897.

Hon. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—The regular weekly reports of the transactions of the Manhattan State Hospital have been placed upon file in the office of your board in the interim since your last regular meeting, on January 14th.

The affairs of the hospital have, for the most part, progressed satisfactorily since that date.

I am unable to repeat the favorable reports of preceding months, as to the progress of the several new buildings in process of erec-

Manhattan State Hospital—Annual Report

tion. The unfortunate delay in the awarding of the contracts for electric-wiring, etc., postpones the completion and occupation of these buildings by at least one month. Work is delayed in consequence upon all those situated on Ward's Island, and it is worse than delayed in that at Central Islip, as the building contractor, in order to complete his work within the stipulated time, proposes to go on with the plastering of the walls, etc., while saying that the plaster will have to be torn down again in places in order to put in the electric wires and fixtures. The considerable outlay incurred for temporary steam-heating upon Ward's Island, in order that the plastering might be done through the cold weather, and the earlier occupation of the buildings thus be secured, will also, as a result of the delay, go in great measure for nothing. The loss of money in this direction, and in the cost of the additional advertising required, will, I fear, greatly exceed any saving from the readvertising, if indeed there should be any saving, while the loss in money value to the hospital of the availability of these buildings a month earlier, is, in view of the present oppressive and dangerous overcrowding, incalculable. At Central Islip there is a further cause of delay in the default of the contractors, Messrs. Gaylord & Eitapenc, of Binghamton, to whom the contract for the heating and ventilating of the cottage for employes was awarded last August. The terms of the contract require that the work shall be "commenced immediately" and "completed on or before the 15th day of January, 1897." So far from being completed, the work was not even commenced on the latter date, nor had it been commenced at the close of last week.

The appeals made by the chairman of your finance committee to the State Comptroller and the State Commission in Lunacy for such alteration in the course of procedure as might secure more prompt payment of the hospital indebtedness, whether to its employes, or to dealers in supplies, have not as yet resulted in any improvement. This month, again, the 11th day, arrives without its being possible for the treasurer to pay the wages of employes for the month of January, and letters from contractors

Manhattan State Hospital—Annual Report

and dealers continue to reach us with increasing frequency and urgency, protesting and remonstrating as to the nonpayment of indebtedness which was in many instances contracted several months ago.

A patient named Morris Wait or Mati was taken before Justice Pryor of the Supreme Court under a writ of habeas corpus on the 5th inst. The patient had been an inmate of the hospital since September 30, 1892, was undoubtedly insane, and entirely unfit to be at large. The writ, as we are informed, was obtained by a brother-in-law of the patient, in conjunction with a benefit society, which, as is usual in such cases, was unwilling to make the weekly payments for the support of the patient's family, which it was obliged, in view of the patient's membership in it, to do. The wife and immediate family of the patient, recognized his insanity and the propriety of his remaining in the hospital, took no part in the procurement of the writ and opposed the patient's discharge under it. The usual return was made, that the patient was insane and not fit to be at large, and medical officers attended in court, and placed themselves at the disposal of the judge; notwithstanding the return of the writ and the facts as above stated, the justice ordered the discharge of the patient to the custody of the applicants for the writ under a bond to a small amount, although the certificate of the medical superintendent, required by law in such cases, was not presented or obtained.

The patient left the hospital on the 9th inst., and as has been reported in the daily press, immediately showed the violence which was to be expected—fortunately toward those who were responsible for taking him out. It was necessary to immediately arrest him and confine him to the pavilion at Bellevue hospital for re-examination and re-commitment, and his return to the hospital is expected to-morrow. In this, as in other recent cases under the decision of the Attorney-General, the hospital was not represented by counsel. I would respectfully ask your board to consider this matter of court procedures for various

Manhattan State Hospital—Annual Report

purposes affecting the hospital and its patients, and if considered proper, to make such representations upon your part to the Attorney-General or to other State officials as will give your officers a right to call for legal advice and assistance where such cases appear to warrant it.

For some years past it has been the custom to send to the medical colleges in the city selected patients to illustrate the lectures of the several professors of insanity. So long as the hospital was under the care of the Department of Charities, whose boats made more frequent trips than our own and to a pier contiguous to the lecture rooms, no trouble or ill-effect resulted. This year, however, in the case of the Bellevue Hospital Medical college, great inconvenience has attended the sending of such patients, especially as the day and hour selected and which the college authorities declined to change were those when the steamer of your hospital goes to Hart's Island and the patients require to be absent from the hospital for about seven hours, and to miss two regular meal hours. Under the circumstances, I notified Dr. Carlos F. MacDonald, who holds the professorship named at this college, that I should not feel justified in continuing the practice beyond the close of the present college session, which ended yesterday.

After this time, and with the removal of the hospital landing to the pier at East One Hundred and Sixteenth street, I do not think that the patients can be sent to the colleges in fairness to themselves. I am of the opinion that the widest latitude for the clinical instruction of medical students and practitioners in the study of insanity should be given which is compatible with the proper interests of the hospital and its patients. I think, however, that all that need be done will be done if proper facilities are afforded in the hospital itself; in other words, that the professors and students should come to the hospital, instead of having the patients taken to them. This has been done in the past two years, and very satisfactorily, by the College of Physicians and Surgeons, and the Women's Medical College of this city.

Manhattan State Hospital—Annual Report

I would respectfully recommend that your board take some action in this direction if you regard the matter in the same way as myself, and that it be done at the present time in order that full notice may be given to the various colleges, and ample time afforded to them to arrange details of hours, etc., for next fall, so that they may not conflict one with the other, or have any justification for claiming that the change was made without sufficient notice.

Your secretary, Mr. Dodge, has requested me to submit to your board, explanations regarding two communications received by him from the Department of Charities of the city, under date of January 28th.

The first has reference to the proposed erection by that department of a crematory for garbage, at Blackwell's Island, and suggests that one-fifth of the approximate cost, \$3,000, would be fairly chargeable to the Manhattan State Hospital.

At present, the garbage, which we cannot ourselves dispose of, is removed by the employes and inmates of the Department of Correction, not of the Department of Charities. I would suggest that any different arrangement should be made through the former department, as in the matter of the supply of gas, coal, ice, etc. In any case, the relative numbers of the occupants of the buildings of your hospital, and of all the other buildings upon the island, are such that one-fifth of the amount would be, I think, an excessive charge as against this hospital alone, even if it were intended that it should have more permanent benefit from the improvement. Inasmuch as its use of the crematory can, under the law, continue for but four years at the utmost, and it is hoped to terminate it sooner, I would suggest that a more equitable arrangement would be the payment of a yearly sum, which would fairly represent interest upon the first cost, and loss, through wear and tear, of the apparatus. This arrangement would be a better one, also, in view of the fact that the State Commission is not in funds to meet any expenditures which can, for the present, be deferred or lessened, and the appropriation of \$600,

Manhattan State Hospital—Annual Report

if consented to by the Commission, at the present time, would, no doubt, lead to the denial of other expenditures of at least equal importance.

The second letter is in answer to one from Mr. Dodge, written by direction of your board, and calling the attention of the Commissioners of Charities to the fact of the continued delays in the removal of the bodies of hospital patients, from Hart's Island, and especially the case of Sopha Sophia, where the body was not removed until the fifth day following her death, where her relatives who had made all arrangements for her burial, were naturally indignant at the delay, and where their indignation was directed against the officers of your hospital, who were powerless in the matter, and that by the officers of the Department of Charities with whom, alone, the responsibility really rested.

The secretary of the Department of Charities endeavors to explain that the fact of one of the five days being a public holiday would account for notice not being received at his office, ignoring the fact that, apart from the notice sent by registered mail, notice was also sent by telegraph and telephone.

The secretary further states that "this was a situation which probably can never recur."

As a coincidence which may show how much foundation there is for the secretary's prognostication, just quoted, I may say that two days before the date of his letter, on January 26th, only, the body of Louisa Marlot was removed from Hart's Island, which had been lying there for four days.

As a matter of fact, and as before suggested, the steamer of the Department of Charities goes to Hart's Island but twice a week, on Tuesdays and Fridays, and that for the purpose of carrying there the bodies from the city; bodies requiring to be brought to the city are carried upon these trips, and these trips only. No possible attention is paid to the requirement of the law, and the notice sent in so many different ways; in a word the convenience of the Department of Charities, as stated in a former letter from the officer in charge of their steamers, is the only

Manhattan State Hospital—Annual Report

thing considered. In spite of any efforts upon our part, the friends of patients are liable, at any time, to be compelled to wait from three to five days before obtaining for burial the remains which should, under the law, be delivered to them within twenty-four hours after the notice which we always promptly send.

The eligible list of the civil service department contained the names of Dr. J. Elvin Courtney, Hudson River State Hospital, Dr. Percy Bryant, Buffalo State Hospital, and Dr. Herman C. Everts, Manhattan State Hospital, from whom a selection might be made, to fill the vacancy in the office of medical superintendent made by the transfer of Dr. William Austin Macy to the superintendency of the State Hospital at Willard. I have the honor to report that I have selected for appointment, on probation, Dr. Percy Bryant, who, prior to his service in the Buffalo State Hospital, was a member of the medical staff of the Ward's Island Asylum, in 1886.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

NEW YORK, *March 11, 1897.*

Hon. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to submit the customary report of the transactions of the Manhattan State Hospital. The usual weekly tables have been forwarded to, and filed in, the office of your board, since your last meeting upon February 11th.

These weekly tables were established when your board first entered upon office, and when your meetings were, for the time being held weekly, and they have been rendered and filed weekly throughout the year since elapsing. Now that the stated meetings of your board are held monthly, I would recommend that the reports be prepared, and submitted monthly also, instead of weekly. In this form they will be more concise, easier and clearer of reference, will occupy less space, and will save the al-

Manhattan State Hospital—Annual Report

ready over-worked office of the several departments of the hospital considerable labor.

The action of your board, at its last meeting, in relation to the opening of the hospital for clinical instruction by the professors of the several medical colleges in this city, has met with a gratifying response from those colleges, no less than five having already made application to be placed upon the schedule.

I am in receipt of a communication from the State Architect, a copy of which I append, relating to the conduit for steam pipes connecting the cottage for male employes with the boiler room at Central Islip. The plans and specifications for this work have not been submitted to your board, nor has competition been invited in proposals for the work. The firm to whom it is proposed to assign the work is in default already in the contracts which it has, both at Central Islip and at Ward's Island. At Central Islip, the work of heating and ventilating was stipulated to be completed by the 15th of January, but was not even commenced at that date, and is not completed now. Under all the circumstances, I would recommend that the usual course be pursued—that the plans and specifications be presented to, and examined by, your board, and that competitive bids for the work be then secured, whether by advertising or otherwise. In the absence of the plans and specifications, I am, of course, unable to say whether the amount proposed is a fair compensation for the work. Inasmuch, however, as it is described as "temporary," I am of the opinion that it could be done for less than the amount named, and that, possibly, we could ourselves do it with our own labor for a sum not exceeding \$1,500.

Plans and specifications for repairs, etc., of the electric lighting plant of the buildings of the male department on Ward's Island, were received from the State Architect on Monday last, and are herewith submitted to your board. A form of advertisement was sent with them, and your board will observe that the plans and specifications have already been approved by the State Commission in Lunacy. I would respectfully request instructions as to advertising for proposals for this work.

Manhattan State Hospital—Annual Report

I beg also to ask permission to advertise for proposals to be opened, upon any date set by your board, for certain articles of ordinary supplies, the specifications for which I was authorized to prepare by your board at your meeting on January 14th.

On February 25th I received a communication from the department of docks, stating that the new pier at the foot of East One Hundred and Sixteenth street would be ready for occupation in about two weeks, and urging that the plans and specifications for the houses upon the pier should be submitted to that department without further delay. I at once wrote to the State Commission in Lunacy and the State Architect, enclosing copies of the letter referred to, and asking that the request might be at once complied with. I received no answer until yesterday, when the secretary of the State Commission wrote that Mr. Daggett of the State Architect's office was on Ward's Island, and would, no doubt, attend to the matter, adding that the plans were ready but the specifications not fully prepared. Mr. Daggett has not come to Ward's Island, and the matter, therefore, rests as before. Inasmuch as the pier will, no doubt, be ready for use, without the buildings, before the next meeting of your board, and as it could be used, pending their erection, by the transfer of the temporary house belonging to the hospital from the Twenty-eight street pier, I would request your board to authorize me to occupy the pier when ready, and to issue the necessary notices in advance of such occupation.

In a subsequent communication, a copy of which I also append, the department of docks requests permission to place a tide-gauge station upon the new pier, and I would recommend that the request be granted.

The fact that the anniversary of the establishment of the Manhattan State Hospital has occurred in the interim since the last meeting of your board, suggests consideration of the question as to how far the over-crowding of the hospital buildings, which was one of the chief factors in bringing about the transfer, has been met. I regret to be obliged to report that within

Manhattan State Hospital—Annual Report

that year, not only has not a single additional bed been provided for patients, but that no step has been taken towards such provision, that is directly. Some of the buildings for which contracts have been entered into, and which are now in progress, will, when completed, indirectly provide for the accommodation of patients, by relieving rooms in the older buildings, which are not occupied by attendants and other employes, who will be assigned to the new ones. In all some 350 beds will be gained in this way, but the time at which they will become available is still further postponed for reasons as to which your board is informed, and at least three months may be expected to elapse before the relief becomes available. The cottage for employes at Central Islip, was, under the contract, to have been completed on the first of the current month. The contractor stated yesterday to your secretary, that he had lost seven or eight weeks through delays in the steam-heating, electric-wiring and plumbing, and that the building could now scarcely be expected to be ready before the first of June. The buildings for employes on Ward's Island, which under the contracts, should be completed on the first day of May, will probably take three months after that date for their completion, owing to similar delays. The kitchen building on Ward's Island, which the contractor agreed to deliver completed on the 26th of December last, is not yet completed, and the minor contracts for heating, ventilation, plumbing, etc., are correspondingly in arrears, in one instance, elsewhere referred to in this report, work not having been commenced at the building upon the date when the contract called for its completion. All this is in spite of the fact that the winter has been an unusually open one, and delays in building operations have been less than are ordinarily expected at this season. Penalty-clauses are contained in the several contracts and I would suggest to your board the propriety of considering whether their enforcement should be resorted to.

Dr. Dent, the medical superintendent of the female department, on Ward's Island, and myself, have been served with an order to show cause why we should not be punished for contempt of

Manhattan State Hospital—Annual Report

court in declining to receive a patient from the Metropolitan Hospital on Blackwell's Island, whom, after examination, we determined to be an unfit subject for treatment in a hospital for the insane. The case came up in the Supreme Court upon Friday of last week, Mr. C. G. Macy representing us, by assignment of the Attorney-General, but a decision has not yet been rendered. As the matter is, in a measure, a test case, the State Commission in Lunacy has arranged with the Attorney-General's office to appeal, should the decision be adverse in the first instance. We are advised that we acted within the law, and in the performance of the duties required of us, and the proceedings, apparently, are of the nature of the petty attacks which have been made upon us from the same source, from the time of the transfer of the asylums to the care of the State, and the jurisdiction of your board.

The other similar annoyances continue unabated. We are not yet informed as to the residence of patients prior to their admission to the pavilion at Bellevue Hospital, and confusion and trouble are caused, from time to time, by their refusal. The condition of patients, as to cleanliness, etc., has not greatly improved, and since the date of the last report, no less than three patients have been received with broken ribs. In no one of these three cases was reference made in the commitment papers to the injury as required, and in only one was the injury admitted by the authorities at the Bellevue Hospital pavilion, when the patient was presented. In this case it was claimed that the patient had one broken rib, whereas, upon examination, it was found that four were broken. There has also been no change made in the matter of the removal of bodies from Hart's Island, and complaints continue upon the part of friends of patients of delays of from three to four days in the arrival of these bodies in the city. Upon the other hand, the additional dock at Hart's Island, which was asked for by your board, in order to separate the delivery and collection of bodies from the docks used for other purposes, is now in course of construction, and will soon afford the relief in that particular direction, which is so much needed.

Manhattan State Hospital—Annual Report

The matter of the delayed payments of claims against the hospital, whether for purchases made or for services rendered, which has more than once before formed the subject of report to your board, presents itself again this month in a still more urgent manner. Not only have the employes of the hospital not been paid up to this date, for their services rendered in the month of February—but I am given to understand that payment cannot be expected before next week—the 15th inst. at the earliest. This will make a later date of payment than in any other month since the hospital was established, a year since. In the present instance, I understand that the former claims, founded or unfounded, that the hospital was, through its treasurer, or in any other way, responsible for the delay, cannot be, and as matter of fact are not, made. If any mistake leading to delay has been made, it has been in the office of the State Commission in Lunacy or in the Comptroller's office—in any case, in Albany, not in New York. The best service from the minor employes of the hospital cannot be expected when the time of payment of their earnings is delayed and uncertain. Their obligations, especially where they contribute to the support of families, are pressing, do not permit postponement, and their creditors are unwilling to believe that the State of New York is really responsible, owing to tardiness, in meeting such small obligations. The pressure, upon the part of the dealers, who fail to receive payment of their bills within the time promised, continues and increases, and your officers lose much time that should be given to the legitimate business of the hospital, in answering and explaining when urgent calls are made upon them by the creditors of the hospital, and the State, in person, by mail, or by the almost continuous use of the telephone. I am unwilling to trouble your board with monthly renewals of complaints upon this particular subject, but it seems to me that satisfactory management of the hospital cannot be secured until some adjustment is reached.

Yours respectfully,

(Signed)

A. E. MACDONALD,

General Superintendent.

Manhattan State Hospital—Annual Report

NEW YORK, April 8, 1897.

Hon. HENRY E. HOWLAND, *President, etc.*:

My Dear Sir.—I have the honor to submit the customary monthly report of the Manhattan State Hospital.

Under the resolution of your board, adopted at your last meeting, substituting monthly tables for those formerly prepared weekly, the first-named have been placed on file in your office where reference can be made to them at any time desired.

A fire broke out in the east wing of the main building of the male department on Ward's Island, at half past five o'clock on the afternoon of Tuesday, March 30th, and, before it was brought under control, virtually destroyed the section of that wing adjoining the administration building, with the exception of the walls, which are but little harmed. The second section of the east wing was also seriously damaged, but by water rather than by fire, and the basement ward in the third, and last, section suffered considerably from the same cause.

Some five hundred and fifty patients were dispossessed by this fire, who were unable to return upon the same night to the wards which they vacated, and, as a matter of precaution, other patients, to the number of about eleven hundred in all, were removed from their wards until the progress of the fire was arrested. They were then returned to the undamaged wards of that building, and some of them to other adjoining buildings. The removal of the patients was accomplished without embarrassment or casualty of any kind, and upon their return to the wards, examination showed that none were missing, and that none had suffered any apparent injury.

Upon the following day, upon consultation between the president of the State Commission in Lunacy, who came from Albany immediately after learning of the fire for the purpose, the secretary of your board, Mr. Dodge, and Mr. C. S. Daggett of the State Architect's office, who had also been summoned, immediate measures were taken both for the care of the patients, and for the

Manhattan State Hospital—Annual Report

commencement of the work of restoration of the damaged portions of the building at as early a date as possible.

I had already sent 100 women to re-occupy the abandoned wooden pavilions on Blackwell's Island (the propriety of the retention of which was incidentally demonstrated), their places on Ward's Island being occupied by male patients from the burned wing. Upon the morning following, again, as the result of the consultation referred to, 50 patients, each, were sent to the branch of this hospital at Central Islip, and to the branch of the Long Island State Hospital at Kings Park. In the meantime, purchases of bedsteads, bedding, etc., to replace those destroyed by fire, were at once made, so that the patients are, except for the additional overcrowding resulting, as comfortably provided for as they were before. Mr. Daggett has completed the necessary measurements; the plans for rebuilding are in progress; and it is expected that proposals for the necessary work may be received by the end of the current week. It is suggested, if your board approve, that, in view of the emergency, instead of the formal advertising, which will necessarily delay matters, informal proposals be invited from builders, so that contracts may be made at the earliest possible moment.

In the rebuilding and repairing of the burned, and water-soaked portions of the structure, it is proposed to improve the plans so as to secure a fire-proof construction in place of that which has always been recognized as dangerous, and has now so proven itself. In preparing the plans the fire department of the city has been consulted and suggestions made by its representative embodied.

The necessity of the immediate removal of the patients from the burning wing, forbade the attendants in charge of them making any effort to go to their rooms for the purpose of saving their own effects, and it is gratifying to be able to report that no such breach of discipline was attempted. While no promises have been made to them, the question has arisen as to the possibility

Manhattan State Hospital—Annual Report

of their being reimbursed for their losses, and I would respectfully ask your board to consider and decide upon this question.

As usual, under such circumstances, the origin of the fire cannot be readily determined; it being, no doubt, due to carelessness, and being known only to those responsible, it cannot be expected that they will give the necessary information. Careful investigations made by your own officers, and supplemented by those of the fire marshal, would seem to indicate, as the most probable theory, that workmen who were engaged in repairing the adjoining roof were negligent in the matter of extinguishing the fires in their furnaces, and that the fire, occurring shortly after their leaving their work, was due to such neglect.

The efforts of your own employes were supplemented by those of the fire department of New York, while the police department responded to the alarm sent to them by sending a detail to assist. Fire engine No. 16, which is stationed near Bellevue hospital, was brought to the island by the steamer "Brennan" of the Charities Department, and in charge of Superintendent Murphy of that hospital, and Capt. McCarthy of the "Brennan." I would ask your board to make such acknowledgments of the services of departments, and individuals, not immediately connected with your hospital, as may seem proper to you.

The occupation of the new pier at the foot of East One Hundred and Sixteenth street, just at this juncture, has rendered possible much better future arrangements for meeting the emergency of a fire upon Ward's Island, and I have agreed with the representative of the fire department, Battalion Chief Peter H. Short, subject to the sanction of your board, that we shall hereafter carry firemen and apparatus to the island from this pier instead of depending upon the more remote one at East Twenty-sixth street, and shall extend such service upon the part of our boats to the relief of the institutions on Randall's Island in the event of similar necessity there.

In order to enable the members of your board to better understand the relative position and effects of the fire, I beg to attach.

Manhattan State Hospital—Annual Report

and make part of this report, some photographs taken by members of the medical staff, upon the morning following it.

According to announcement, the new pier at the foot of East One Hundred and Sixteenth street was occupied upon Monday morning last, the 5th inst., and that in temporary use at the foot of East Twenty-eighth street abandoned. The plans for the proposed buildings upon the new pier are not yet ready, but the temporary house, already in use at Twenty-eighth street has been transferred there, and the regular trips are being made. With the disuse of the pier at Twenty-eighth street, it has been necessary to revert to the former practice, and the patients are again brought to Ward's Island each morning from the pier of the Department of Charities, and Corrections, at the foot of East Twenty-sixth street, adjoining the pavilion for the insane at Bellevue Hospital.

The new pier on the Ward's Island side of the river has also been completed and is in use. It is a very satisfactory piece of work, and, besides being better in workmanship and material than any of the works carried on during the year, it enjoys the distinction of being the only one completed within the time named in the contract. In fact, it was completed twenty days before the expiration of that time.

As a sequel to the opening of proposals for meats, fish, milk, etc., at the join meeting of the finance and house committees on the 25th ult., contracts have been executed, and deliveries, in accordance with them, were commenced upon the 1st inst. Thus far, there has been an improvement in the quality of the supplies covered by these contracts, which shows that the alterations in the specifications were judicious.

An exception is the contract for installing new electric lighting mains at the male department, Ward's Island, the lowest proposal for which came from Messrs. J. F. Buchanan & Co., of Philadelphia. While the finance committee of your board, acting under the authority given it, at your last meeting, had de-

Manhattan State Hospital—Annual Report

terminated after inquiry to award this contract to the company named, the contract had not been executed at the time of the occurrence of the fire above reported. In view of the probable necessity of alterations in the specifications resulting from the fire, it was thought by the chairman of your finance committee, that the signing of the contract should be deferred, and, under his instructions, I have notified the successful bidders and the State Architect, accordingly.

As a consequence of the representations which I have made to the State Architect, under the authority of your board, the surveyor detailed by him to work at the Central Islip branch of the hospital has been withdrawn. The State Commission in Lunacy, however, has deferred action upon the estimate which I was at the same time instructed to submit, for a survey, maps, etc., to be made and furnished by a local surveyor.

Your treasurer was enabled, by strenuous efforts upon his part, to pay the employes of the hospital yesterday, the 7th inst. He had expected to do so before, but the funds promised were not transmitted from the Comptroller's office upon the date agreed. The payment of the wages of the minor employes upon the 7th day of the month instead of, as in the last two or three months, the 15th or 16th, is quite a gain, although there still seems to be no good reason why the hospital and the State should not meet their obligations upon their date. The employes concerned are benefited and it has demonstrated, incidentally, that an agreement upon the part of your board to defer the pay-day until the 15th of the month following the performance of the services to be paid for, as was proposed, would have been unwise.

The charter, under which the service of the hospital is being performed by the steamer "Wanderer," will expire upon the 15th of June. I have had inquiries from other owners, whether they will be permitted to submit proposals, and I would ask the attention of your board to the matter, in order that, whatever

Manhattan State Hospital—Annual Report

course may be determined upon, a new charter, either with the present party or another, may be executed in time to avoid any confusion.

Yours respectfully,

A. E. MACDONALD,
General Superintendent.

NEW YORK, May 6, 1897.

HON. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to submit the regular monthly report of the transactions of the Manhattan State Hospital.

At the last meeting of your board, in order to facilitate the rebuilding of the burned wing of the male department on Ward's Island, I was instructed to make such arrangements, in conjunction with the State Commission in Lunacy and the State Architect in regard to advertising, etc., as might secure the earliest possible presentation of proposals, awarding of contracts, etc. Accordingly, arrangements were made which resulted in the opening of proposals on the 22d of April, and the subsequent award by the finance committee of the contract to A. Pasquini, at the amount of \$33,388. The contract has been signed, and under its provisions the contractor is required to have the wing ready for re-occupation upon July 25th.

At the same meeting it was also determined that the contract for new electric lighting mains in the same building should be proceeded with, under the advice of the State Architect, without delay resulting from the fire. The contracts with Messrs. J. F. Buchanan & Co., of Philadelphia, have accordingly been signed.

I was further instructed, at that meeting, to have prepared schedules of the losses claimed to have been suffered by employees through the fire, and I beg to submit them herewith.

The schedule of kitchen apparatus for the new kitchen on Ward's Island, which I was instructed by your board to prepare, and submit to the State Commission, has since been submitted, with proposals for the furnishing and erection of the

Manhattan State Hospital—Annual Report

same, and an estimate has been passed, and the contract awarded to the Bramhall, Deane Company of this city, the lowest bidders for the sum of \$2,550. The apparatus is now ready to be installed, and awaits the completion and surrender by the contractor of the kitchen building, which has been delayed owing to reasons elsewhere stated in this report.

Schedules for the necessary apparatus for the new laundry on Ward's Island have also been prepared and submitted, and proposals thereupon obtained. Of these the lowest bid—\$9,706.07—was from the Troy Laundry Machinery Company, (limited), and an estimate has accordingly been submitted which, upon the approval of the Commission, will be followed by the usual award, and the installment of the plant as soon as the building is in condition to receive it.

At the last meeting of your board, also, a resolution was passed awarding to the James Curran Manufacturing Company, upon their proposal for the sum of \$1,400, the performance of the work required on the conduit at Central Islip, and I was instructed to notify the State Commission and the State Architect accordingly. In response to this notification, a new set of specifications was sent down which differed so materially from the specifications first submitted to your board, and entailed such large additions to the required material and work, that the Curran Company declined to accept the contract at the price allowed. This matter will, therefore, require further action by your board.

The question of enforcing the penalties prescribed in contracts in the case of failure to complete buildings, etc., within the time stipulated by these contracts, led to your board's communicating with the State Architect upon the subject. I would respectfully request that definite action be now taken in order that I may be instructed as to the course to be followed in regard to bills presented by contractors who are in default.

The State Architect, Mr. Perry, visited Ward's Island yesterday, and inspected the new buildings, etc., in course of construction. The tiling of the floors of the kitchen building was con-

Manhattan State Hospital—Annual Report

demned by him, and the contractor notified to take it up and replace it in a proper manner. This will still further delay the occupation of this building—which, under the contract, should have been handed over on March 26th—and the installment of the kitchen apparatus, already contracted for, must also be delayed in consequence. The other new buildings are still uncompleted, although, under the contracts, the last one should have been finished by the 1st inst. It will probably be three or four weeks yet before they can be occupied, with the possible exception of the building for workshops and male employes, which is somewhat further advanced than the others.

Mr. Perry and his assistants are to visit Central Islip to inspect the building for male attendants there to-day. Work upon this building was suspended a week since, under the order of Mr. Perry's assistant, Mr. Daggett. I understand that he found that some of the more recent work—that of the plumbers, etc.—had been done in such a way as to endanger the foundations, which will have to be rebuilt or strengthened in some manner. This will, of course, delay still further, the turning over of this building also, which, under the contract, should have been completed March 1st.

Upon consultation with Mr. Perry, he requested me to recommend to your board, and I concur in the recommendation, that the State Commission be requested to approve estimates for the additional expense of \$575 at Ward's Island and \$680 at Central Islip for the placing of electric wires supplying the new buildings underground instead of upon poles. I regard this as a most important improvement over the method first contemplated, and the small additional expense as fully justified by the advantages gained.

It will also be necessary to provide an extension of the water mains at Ward's Island to supply the new buildings, and the cost is estimated by Mr. Perry at \$600. In laying this main, two hydrants may be placed upon its line, and so add to our protection against fire.

Manhattan State Hospital—Annual Report

I would respectfully ask to be instructed to prepare and submit the estimates necessary to carry out the above-named work.

At the last conference of the State Commission and superintendents of State hospitals, it was announced by the committee on legislation that the several acts introduced in the Legislature, whereby it was intended to alter the existing Insanity Laws, or otherwise affect the hospitals, had failed of adoption.

The allowance in the supply bill for the maintenance, etc., of the insane of the State for the coming fiscal year, was raised above that of the current year by one-tenth of a mill. As this will afford the State Commission the opportunity of renewing building operations, and in view of their declaration that the increase should be, in large part, expended upon the proposed buildings for the Manhattan State Hospital, I would respectfully recommend that the needs of the hospital be again brought to the Commission's attention.

Apart from the buildings at Ward's Island and at Central Islip, which are now, as I understand, under consideration, in a new form, I would urge as most important of early commencement, the central boiler plant at Ward's Island, for the reason that unless work is begun forthwith, the winter season is again apt to find us unprepared to properly warm the buildings, with the additions, which will, by that time, have been made to them. Next in importance, I would rank the boiler house at Central Islip, the present wooden structure being a constant source of danger from fire; and the provision of an increased and independent water supply, the present tank being insufficient in capacity, and in bad repair, and as an accident to it would cause extreme inconvenience and danger. The storehouse and cold storage warehouse building at Ward's Island is especially needed, and should follow without further delay the completion of the new pier at the island, which is now in use. I instance these four structures not because others are of minor importance, but because they can be commenced and completed before cold weather if they are contracted for with reasonable promptness.

Manhattan State Hospital—Annual Report

The other buildings contained in former lists, or which have been made the subject of former recommendations to the State commission, are of almost equal urgency, and should follow them without unnecessary delay, so that they may reach such a stage before winter sets in as will permit of interior work upon them being carried on after that time.

The proposal to reconsider the plans already adopted by the State Commission for a building for violent patients at Ward's Island to be attached to the present "Branch" hospital, is a satisfactory one. The building before proposed was planned in accordance with the distinct decision of the then existing Commission that no building should be done upon Ward's Island for patients who could be accommodated in dormitories of larger or smaller dimensions; that all building for patients there should be confined to the necessary provision of single rooms for the disturbed class which was then not sufficiently provided for, and is now still less so. If the present State Commission sees its way to reconsider this determination, and give us a building which provides in part for single rooms, and in part for dormitories, there is of course a decided advantage which we are very glad to accept. Inasmuch, however, as while the building now proposed is estimated to give accommodation for some 323 patients, but only for 180 of them in single rooms, whereas the former plan provided for 264, all of them in single rooms, it will be evident that this building should be supplemented by another adding to the number of single rooms, even if, coincidentally, to the number of dormitories also. The proper proportion of patients in a hospital for the insane, requiring single rooms, is variously estimated at from 20 to 50 per cent. At the present time, less than 10 per cent. of the patients in the Manhattan State Hospital are provided with single rooms.

The proposed changes in the plans for the pavilions and dining-room to complete the existing colony at Central Islip, are, I think, undesirable. These buildings are part of a system which already contains twenty-four buildings for the direct use of patients, all of

Manhattan State Hospital—Annual Report

them of single story construction. In fact, these buildings should have been erected at the time as the others, but that the funds appropriated for them were diverted to other uses.

With a prospect of the speedy commencement of an entirely new, and separate, colony, where a different general plan can more appropriately be adopted, I think it will be unfortunate if so marked a departure is made in the present colony from the general style of the patients' accommodations, and I would strongly recommend that the plan for one-story buildings, as first prepared by the State Architect, be carried out, and the question of a change to two or more stories, be taken up in connection with the next, or future, colonies. If, however, two-story buildings are to be erected, I think that the proposed plan is in some respects open to criticism.

The matter of an allowance to the widow of Theodore Mayers is still pending, the State Commission in Lunacy having referred the matter back to your board.

In view of all the circumstances, and of the doubt if Mrs. Mayers has any legal claim upon the hospital, and of the number of other similar claims to which an allowance in this case is apt to give rise, I would respectfully recommend that the State Commission be asked to agree to the payment to Mrs. Mayers of \$1,200, in twelve monthly installments, to be made to Mrs. Mayers direct, and her receipt in full of all claims taken therefor.

The suggestion of the Commissioners of Charities as to the method of reimbursing them for the steam supply furnished to the pavilion on Blackwell's Island occupied by patients of your hospital, does not seem to me to be a feasible or satisfactory one. The quantity of coal required for the purpose named by them would be difficult of determination, and such an arrangement would likely cause dissatisfaction in the future.

I would respectfully suggest as a more equitable arrangement that the Manhattan State Hospital furnish for the use of the boiler-house of the charities department a proportion of the coal annually consumed, to be determined, either by the relative num-

Manhattan State Hospital—Annual Report

ber of patients in the two hospitals or by the area of the premises occupied by either; for example, if we occupy two wards and the Metropolitan Hospital eight, we might furnish one-fifth of the coal used, or, if they prefer it, and, for example, we have 200 patients and they 800, the same proportion should prevail. Of course these figures are arbitrary ones, simply taken to illustrate my proposition. The exact figures in the case, either of area or of patients, could be readily ascertained if the agreement is made in this form. It should not be forgotten that, while we draw upon the steam supply from the main boiler-house, the Metropolitan Hospital draws, though in less degree, for other purposes, from the boiler-house attached to our hospital, and this should be taken account of in the settlement of the proportion of coal to be furnished by either party.

Negotiations opened by the chairman of your finance committee with the authorities of the Long Island railroad, have resulted in an agreement by which the freight charges of the hospital have been reduced, generally, by about 20 per cent. A similar reduction in the charge for transportation of patients, employes, and those having business at the Central Islip branch of the hospital, has been promised, but the details are still under consideration.

The installment of a central plant for the roasting of coffee, grinding spices, etc., for the State hospitals, generally, has been for some time contemplated by the State Commission in Lunacy, it being believed that not only might considerable expense be thereby saved to the hospitals, but that a better and more uniform quality of the articles named could also be secured.

After discussion at the three monthly conferences last held, it has been decided that the plant shall be placed upon Ward's Island, the coffee, etc., purchased in bulk, and after treatment there, forwarded to the other State hospitals.

The proceedings taken by the Commissioners of Charities, as reported to your board, at your March meeting, whereby it was sought to punish for contempt of court the medical superintendent of the female department, Ward's Island, and myself, have

Manhattan State Hospital—Annual Report

terminated in a decision by Mr. Justice Lawrence, denying the motion, and sustaining Dr. Dent and myself in our action in the premises. I beg to append a copy of Justice Lawrence's decision, in case your board desires to make it a part of the official record.

As instructed by your board, I have invited proposals for the furnishing of a steamer for the service of the hospital, the charter of the present steamer, the "Wanderer," expiring on the 15th of next month. I submit the correspondence received, and would respectfully recommend that the present charter be renewed upon the same terms, or lower if they can be obtained. I would also recommend that, in drawing the new charter-party, more definite details of the obligations assumed by the owner be inserted; as for example, a requirement that he shall keep the steamer in readiness, in the matter of manning it and keeping up steam, to carry out the agreement made by your board with the city fire department, in relation to night service in case of fire upon Ward's or Randall's Islands.

Although the new pier at the foot of East One Hundred and Sixteenth street has now been occupied by the hospital for over a month, nothing has been done to improve the approaches to it. The extension of the bulkhead line left a considerable space between it and the end of the street pavement and side-walk, which we were informed by the dock department was to be at once paved and flagged. I would respectfully suggest that a letter from your board to the chief of the department of public works might expedite this very necessary work. As it is, both foot passengers and the trucks, etc., bringing freight, are greatly inconvenienced by the absence of proper sidewalks and pavement.

I would also respectfully suggest that, possibly, your board, as representing a State institution, might exert some influence in terminating the difference between the street railway companies which prevents the use of the track already laid to the foot of East One Hundred and Sixteenth street. It appears that the Third Avenue Railroad company has thus far been successful in

Manhattan State Hospital—Annual Report

preventing the Metropolitan Railroad company from putting cars upon this branch of the latter's system. Passengers to the island, of various kinds, number several hundreds each week, and it would be a great convenience to them, and a source of profit to the company, if the line should be put in use.

The contract with Messrs. Ward & Olyphant, under which coal is now being purchased for the use of the several divisions of the hospital, will terminate with the present month. I would respectfully ask instructions from your board to prepare the necessary specifications, advertisements, etc., for a new contract, the proposals to be opened upon such day as your board may determine, say Thursday afternoon, the 20th inst.

I am requested, and desire, to express to your board, and to its members individually, the thanks of the employes, my fellow-officers and myself for the flattering action taken by your board at its last meeting, in relation to the recent fire on Ward's Island. It is a great satisfaction to us to have the appreciation of our superior officers so kindly expressed in the letter of your secretary, and will act as an incentive to everybody to increased zeal in the performance of the duties of the hospital service.

The treasurer of the hospital paid the officers and employes upon Ward's and Blackwell's Islands, their salaries and wages for the month of April, yesterday, the 5th inst. This is the earliest date of payment since the first months of the organization of the hospital. It gives evidence that there is no reason why payment should be deferred, as in former months, until about the 15th, and shows further that the proposed arrangement which would regularly defer payment until that day would have been unnecessary and unwise.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

June 3, 1897.

HON. HENRY E. HOWLAND, *President, etc.*:

My Dear Sir.—I have the honor to submit, herewith, the customary report of the operations of the hospital since the date of the last meeting of your board, May 6th.

The required certificates and reports have been duly filed in the office of your board.

At your last meeting, the matter of securing steamboat service for the hospital for the coming year, was referred to the finance committee with power. After obtaining proposals from several steamboat owners, it was determined by the committee that the charter of the steamer "Wanderer" should be renewed for the coming year, at a cost of \$60 a day, a reduction of \$2.50 from the terms under which she has been engaged during the current year. In some respects the terms of the new charter are more favorable to the hospital, as, for example, in the matter of stipulating that the boat shall be kept ready at night to respond to any fire alarm, either from the islands occupied by your hospital, or from Randall's Island. This is in accordance with the understanding reached between your board and the fire department of the city, under your resolution authorizing me to negotiate with the representative of that department.

I have had consultations and correspondence with the officers of the fire department in furtherance of this resolution, and considerable progress has been made toward putting the buildings upon Ward's Island in a better condition in the matter of fire protection. The department of public works, in view of the placing of additional hydrants upon the water mains required for the new buildings, has furnished the pipe and hydrants free of cost to this hospital, which bears the expense of the labor of installing them only. I expect to extend this agreement to other mains, so that in the course of a short time the buildings will be much more efficiently protected. The most important improvement in this direction would be the laying of a continuous main from the pier upon the Harlem side of the island to that upon the East

Manhattan State Hospital—Annual Report

river side, which could be used by the fire boats of the department lying at either dock, and using salt water. In conjunction with Chief Bonner, I am obtaining figures in regard to this improvement, in order that the cost to the hospital may be determined, and shall report thereupon as soon as may be.

In the matter of new buildings, etc., in course of construction, there is little to be reported. No one of them has yet been handed over for the use of the hospital, although the date of the present report was the latest named by the contractors, and by the architect and his assistants.

Concerning new buildings asked for, and needed, the same report will suffice. The buildings upon the pier at One Hundred and Sixteenth street have been advertised, as have also the plumbing and electric lighting of the wing of the main building, now in course of reconstruction. The proposals are to be opened on Monday next, the 7th inst. The State Architect is preparing plans for the kitchen at Central Islip, and for the proposed addition to the "branch" on Ward's Island. Nothing, however, has been done toward the commencement of the work upon other buildings, which are equally, or more, necessary. On the contrary, the State Commission have announced that they will not sanction the building of the pavilions at Central Islip, to complete the present colony, in view of the differences of opinion as to the one or two story construction, and a similar announcement has been made in regard to the steam power-house at Ward's Island. In this case it is apparently forgotten that this new plant is absolutely necessary for the proper heating of the buildings already in occupation, the steam supply last year having been barely adequate, and the old boilers and apparatus, from which it was in large part derived, having still further deteriorated. The four new buildings, the completion of which is now expected, will be left quite unprovided for, either for steam heating or for power for the laundry work, ventilation, etc., unless this plant is supplied, and it can not be supplied by the coming of cold weather unless work upon it is commenced immediately.

Manhattan State Hospital—Annual Report

All these matters were brought up at the regular conference with the State Commission in Lunacy in Albany, on the 28th ult., but as Dr. Wise, the president of the Commission, was not present, his colleagues were unwilling to take action, and suggested that a further conference should be held.

In accordance with the instructions of your board, advertisements for proposals for furnishing coal for the year commencing June the 1st were inserted in the usual journals, and the resulting bids were opened by the finance committee on May 20th. The bids have been tabulated, and submitted to the finance committee for their action, and have been sent to the members of your board as an appendix to the minutes of the committee named. In view of questions arising as to the claims of the different bidders, the whole matter was laid over, pending action by your board at this meeting, and I would respectfully request that action be taken and instructions given, so that the necessary form of contract, etc., may be prepared and executed.

Yours respectfully,

A. E. MACDONALD,

General Superintendent.

July 8, 1897.

Hon. HENRY E. HOWLAND, *President, etc.:*

My Dear Sir.—I have the honor to present the regular monthly reports for the month ending June 30, 1897, and to report as follows regarding the conduct of the hospital in the interval since the date of the last meeting of your board, June 3rd.

Proposals for "furnishing material and doing the work of erecting and finishing a building for waiting rooms, ambulance station, etc., on the pier at the foot of East One Hundred and Sixteenth street;" for "furnishing the material and doing the work of installing and finishing the plumbing and drainage of the east wing, male department, Ward's Island," and for "furnishing the material and doing the work of installing electric-wiring and fixtures, in east wing, male department," were opened by Mr. McAnerney of the finance committee on June 7th. The

Manhattan State Hospital—Annual Report

contracts for this work have been signed by the president of your board, with the lowest bidder in each case, Messrs. Ryan & McFarren, for \$11,447; Mr. J. Mannes Schmidt, for \$7,558, and the Commercial Construction Company, for \$1,675. A contract has also been signed with the owners of the steamer "Wanderer," continuing her service for a year, from June 15th, at the rate of \$60 per diem, and with the addition of the stipulations on the part of the owners, referred to in a former report, ensuring more efficient service, especially in the case of fire, or other emergency.

Proposals for "furnishing steam supply, and other work for cottage for male employes, at Central Islip," and "furnishing a water heater, and other work for a laundry at Ward's Island" have been advertised in the usual way, and are to be opened at the date of this meeting.

The plans and specifications for the kitchen building at Central Islip, have been prepared and approved by myself, under instructions from your board, and the plans for the central boiler plant at Ward's Island, the pavilions at Central Islip, completing the present colony, and for the addition to the "branch" building at Ward's Island, have been promised by the State Architect in time to present them to your board for examination and approval at this meeting.

I am still unable to report the completion and acceptance of any one of the new buildings in course of construction, and so long overdue. The kitchen on Ward's Island, is most nearly ready, and forms the subject of a communication from the State Architect, which I append. In view of his advice, that the kitchen should be occupied without waiting for the acceptance by the contractor of the penalty referred to in Mr. Perry's communication, we have secured the equipment of the kitchen with the necessary apparatus under the contract made some time since, but work on which had to be delayed owing to the controversy with the building contractor. There seems to be now no good reason why the kitchen should not be put in use within ten days from the present writing.

Manhattan State Hospital—Annual Report

As detailed in another letter from the State Architect, which I also append, notice has been given to one of the several contractors, by the State Architect, that the penalty named in the contract will be enforced. As all the other contractors are also in default, and much more so than this particular one, I have, under the direction of your secretary, notified them to appear at your meeting to-day and show cause why they also should not be penalised.

A letter from the secretary of the Department of Charities, addressed to your secretary, and relating to the disposition of garbage on Blackwell's Island, will no doubt be submitted by him for the action of your board. As the matter did not admit of delay, I assumed the responsibility of guaranteeing that the share of the hospital in the cost of the disposition as proposed, would be paid for the period elapsing after the receipt of the letter and up to the date of your board's next formal meeting—to-day.

The several departments of the hospital observed Independence Day, sports and games being held at the male department, Ward's Island, at the farm at Central Islip, and at Hart's Island, on the 3d inst., and at the female department on the 5th inst. This arrangement was made in order that bands could be obtained, which was possible on Saturday, but would not be possible on Monday, the day of the general celebration. On Ward's Island, the band recently organized among the employes supplied the music, on Saturday for the male department, and on Monday for the female department. In each case the celebration was entirely successful, and gave great pleasure to the patients. The hospital band has now attained such proficiency that regular concerts are given upon five days of each week, two each at the male and female department, on Ward's Island, on alternate Wednesdays at Hart's Island, and Thursdays at Blackwell's Island.

Yours respectfully,

(Signed) A. E. MACDONALD,
General Superintendent.

Manhattan State Hospital—Annual Report

August 12, 1897.

Hon. HENRY E. HOWLAND, *President, etc.:*

Sir.—In the absence of the General Superintendent, I respectfully submit the usual report of the hospital since the last regular meeting of your board.

The customary reports and certificates have been filed as heretofore.

At the meeting of the finance committee, a request from the Ivy lodge, No. 472, I. O. O. F., for the removal of Herman G. Beese from the male department of this hospital to the Long Island State Hospital was referred by your board to the State Commission in Lunacy, through me. A formal application was made to the Commission for the transfer and a reply received stating that it would be necessary to procure the consent of the general superintendent of the Long Island State Hospital before such transfer could be effected. In the meantime information was received from Kate Leighly, 447 Quincy street, Brooklyn, to the effect that Mr. Beese was a resident of Brooklyn and had been for five years; consequently an application was made to the Commission for his transfer as a non-resident. I am this morning in receipt of a letter from the Commission saying that their agent has ascertained that Mr. Beese is properly a resident of New York city. I have therefore written the Ivy lodge suggesting that they obtain the consent of the general superintendent of the Long Island State Hospital and forward it to me, when I will again request the transfer.

Bramhall Deane Company finished their contract in the new kitchen on July 17th and we moved in and took possession of the building on the 19th. New furniture has been asked for for the dining-room for this building but has not yet been purchased.

The building for workshops and male employes is not yet ready to receive the employes due to the fact that the work on the electric lighting has not been completed. The sewing-room in this building was occupied on July 31st, vacating the sewing-room formerly occupied in the annex, which in turn was occupied by

Manhattan State Hospital—Annual Report

moving in fifty patients, thus relieving the overcrowded condition of annexes two and three. Within a week we hope the male employes may be allowed to move into their rooms and we may occupy the whole building.

The building for female attendants is in an unfinished condition owing to the fact that no connection has been made with the electric light plant. Mr. Frost, electrician, states that the Commercial Construction Company have not yet commenced the work of extending the south circuit to connect with this building, but that their Mr. Martin has promised to have the line work commenced immediately and have it finished by Friday of this week. Mr. Frost also asserts that he has inspected the work of this company and finds that some points concerning it are not up to the specifications and that he will communicate with them concerning it. This same condition of affairs applies to the delay in completing the electrical work in the male employes building.

No connection has been made between the female employes building and the sewer on account of some delay in the completion of contract of Mr. Lipps, who in laying the Verplanck sewer met with a solid rock, which he is now blasting; it will be two weeks before the sewer is completed.

The laundry building has been completed, but we will not be able to occupy it for three weeks or a month as the contractors for the laundry machinery, the Troy Laundry Machinery Company, have not yet installed the entire plant, though they are now at work upon it. They have been written to concerning their delay, and I enclose reply received from their manager.

At the request of Mr. Daggett from the State Architect's office—and he asserts with the approbation of the State Commission in Lunacy—a special requisition was forwarded to the Commission for running a temporary line from the male department electric plant to the female and male attendants' buildings for the purpose of testing the dynamos in these buildings. This will

Manhattan State Hospital—Annual Report

cost about \$824 and the cable employed, he asserts, can be utilized for electrical work on the island later.

The contractors, Ryan & McFerran, who have the erection of the building for waiting-room and ambulance station on the pier foot of East One Hundred and Sixteenth street have not yet begun work. They have been written to respecting it and have replied that they had experienced some delay in receiving the iron frame work from the sub-contractors, the Groton Bridge Co., Groton, N. Y., who have agreed to have the frame work completed within sixty days from July 12th. I enclose their reply herewith. The street leading to the dock has been finished.

Concerning the work on the east wing of the main building at the male department, work appears to be progressing slowly. The contractor asserts that he has been delayed owing to difficulties experienced in obtaining from the factories the iron frame work for the construction of the roof. Jacob Mannes Schmidt, the contractor to whom was assigned the plumbing work, expresses the opinion that it will be impossible to complete the plumbing until the first of November or thereabouts. Mr. Pasquini thinks it will be on or about the 1st of October before his part of the work is finished.

On August 5th a telegram was received from Central Islip to the effect that Mr. Harley, the contractor for the plumbing of the attendants' home, thought that the floors in the toilet-rooms of the new building were not strong enough to support the marble work called for by the specifications. The State Architect's office was communicated with by telephone and a reply received to the effect that the building was strong enough and that the plumber should continue work. This building will be ready for occupancy as soon as the plumbing work is finished, which appears to be somewhat slow.

The contractor for the Central Power and Heating Plant, Mr. Attilio Pasquini, has broken ground for the erection of the building at Ward's Island, and he is now at work on the foundation, which he discovers is subject to inflows from tide water.

Manhattan State Hospital—Annual Report

The internal management of the institution appears to be going along very smoothly and I have nothing of importance to report.

I wish to call the attention of your board to the fact that the Charities Department are piling coal on the east side of pavilions L and M at Blackwell's Island in the same site as last year and have begun to pile ashes on the east side of the kitchen. This will make a very unsightly place adjoining our kitchen if they persist in making it an ash heap.

As requested, I had the standing of Mr. H. Probst investigated and the result reported to Col. John McAnerney, which he decided was satisfactory.

I submit herewith for the approval of your board, certificates made by I. G. Perry in favor of P. J. Carlin & Co. of Brooklyn and P. Keeler of Albany, for additional work done in connection with the new kitchen building at Ward's Island and the building for workshops and male employes, in order that such action may be taken as will permit of their payment.

I also submit proposals of Gaylord & Eitapenc and Edward P. Bates for furnishing a supply of steam and other work for cottages for male employes at Central Islip. There has been some discussion, I believe, as to whom this contract should be awarded, and I would respectfully recommend that the contract be awarded with as little delay as possible in order that the work may be taken up.

I also respectfully enclose for your consideration, the following letters:

From H. D. Dickinson, State inspector of plumbing, in regard to supply of steam for making tests in the new buildings, which steam supply was furnished as requested.

Letter from State Architect I. G. Perry, concerning the handing over of the keys for the new buildings on Ward's Island.

Letter addressed to Dr. Macdonald, general superintendent, by Mr. A. J. Martin of the Commercial Construction company, in regard to their contract work at Ward's Island and Central Islip and the causes of their delay in the completion of same.

Manhattan State Hospital—Annual Report

Copy of letter received from Chief Bonner of the fire department in regard to fire signals from Ward's and Randall's islands. The gong has been placed on the building on the dock as mentioned herein.

Mr. C. L. Daggett, from the State architect's office, called at this hospital this morning and stated that he would be present before your board this afternoon to submit plans of buildings now under consideration.

Respectfully,

E. C. DENT,

Medical Superintendent.

September 9, 1897.

HON. HENRY E. HOWLAND, *President, etc.:*

Sir.—On behalf of the General Superintendent, I have the honor to submit the usual report of the hospital since the last regular meeting of your board. The usual reports and certificates have been filed as heretofore in your office.

Since my last report, I am pleased to inform you that the unfinished sewer which prevented the occupancy of the female attendants' cottage has been completed and the home occupied, which has proved a great relief to the female employes, the rooms being more airy and comfortable. The furniture, with the exception of the folding beds, has not yet been received, but a delivery is expected this week. The want of furniture has been partly supplied by removing the furniture from the attendants' former apartments to the new home.

The building for workshops and male employes rooms has been occupied, both by the industrial department of the hospital and the male employes, whose rooms have been furnished in the same manner as in the female home—by using the old furniture from their former rooms.

The new kitchen has been in use for some little time, and is giving good satisfaction.

Manhattan State Hospital—Annual Report

The erection of a building for waiting-room and ambulance station at the dock foot of East One Hundred and Sixteenth street has not yet been begun.

I am only able to report slow progress in the installation of the laundry plant by the Troy Laundry Machinery Company, though they state they expect to have the work finished within a couple of weeks.

Work on the power-house seems to be at a standstill, due to the insecure foundation. The contractor is still endeavoring to find a secure foundation, upon which to build, and asserts that he will be able to complete his work within the contracted time.

The work of rebuilding the burned portion of the male department is progressing favorably.

The matter of building a cold-storage plant was brought before the Commissioners in Lunacy, and they say that a lack of funds prevents their ordering the work being taken up at the present time.

Dr. P. M. Wise, president of the State Commission in Lunacy, visited the institution on Friday of last week, and met Mr. C. L. Daggett, from the State Architect's office, here. The matter of remodeling the old laundry and kitchen building north of the Verplanck for dining-rooms for the patients in the Verplanck building was discussed, and the Architect's representative was requested to submit plans showing the relative costs of the erection of a new building for this purpose and the remodeling of the old building.

The cable, etc., asked for on special requisition for the testing of the motors in the different new buildings, mentioned in my last report, has been received and the State Engineer, Mr. Smith, called last week for the purpose of making the tests. The motors for the ventilating system of the shops were tested by Mr. Smith, State Engineer, and he deferred the testing of the motors in the female attendants' cottage until certain alterations which he had ordered could be completed.

Respecting the re-advertisement of the plumbing work at Central Islip, I enclose herewith copy of a letter received from the

Manhattan State Hospital—Annual Report

State Commission in Lunacy, in which they state that they have decided to postpone the insertion of the advertisement until other work was ready to be advertised.

I wish to respectfully call the attention of your board to a matter which has caused considerable annoyance to the hospital. A private bathing pavilion owned by a Mr. Millner has been moved from the foot of East One Hundred and Fifteenth street to One Hundred and Seventeenth street, and attached to the south side of the dock. The bathing from this pavilion is in full view of East One Hundred and Sixteenth street dock and is a source of nuisance inasmuch as men bathe from there in a nude condition and our employes and visitors passing to and from the hospital are obliged to witness it and listen to foul and indecent language used by them. In addition to this the pavilion is at times in the way of our boat landing. I have written Captain Haughey of the Twenty-ninth precinct, complaining of this nuisance and asking that steps be taken to remedy it.

A complaint has also been received from Hart's Island to the effect that the employes on the steamer "Fidelity," a boat belonging to the Charities Department, have gone in bathing from the dock in a nude condition, in plain view of the institution, as the hospital is very near the dock. They were requested by the physician in charge to discontinue and were disposed to treat him with insolence. I have written Hon. Silas C. Croft, president of the Department of Charities, concerning the trouble and am in receipt of his reply to the effect that instructions have been given which would prevent a recurrence of the same in the future. Since that time, it has not occurred.

On August 14th, a telephone communication was received from Dr George B. Fowler of the health department, asking permission to land their naphtha launch at One Hundred and Sixteenth street dock. I wrote him asking that he inform me how often he wished to land there and for how long a time so that I might bring the matter before your board, but at the present writing have received no reply. I stated in my letter to Dr. Fowler that

Manhattan State Hospital—Annual Report

I would assume the responsibility of granting him permission for the present, awaiting his reply.

I am in receipt of a letter from the State Commission in Lunacy asking that your board forward to them a certificate of the additional capacity of the institution provided by the erection of the several new buildings. I enclose their letter herewith and in response to same submit the following report:

The opening of the cottage for female employes at the female department has provided additional capacity for patients of 31. the rooms previously occupied by three and four attendants now being opened for patients, the actual capacity of the rooms being only one or two persons each.

I respectfully call attention to the fact that branch 9 has heretofore been occupied by 30 patients who used the sitting room as a dormitory and upwards of 60 attendants, who have been occupying the single rooms on the wards, the ward being thus occupied by over 90 people. These attendants have been removed to the new home and 30 additional patients placed in this ward, occupying the single rooms at night and the sitting room during the day. This has not effected any additional capacity. however, as this ward has already been included in my reports as having a capacity of 60, although not being occupied by that number of patients.

In removing the sewing room from annex 1, to the new building, we have been able to place 50 patients, notwithstanding the fact that the actual capacity of the ward is but 37. We have also placed 39 patients in the small rooms, whose aggregate capacity is but 31.

The total capacity of this department is diminished for the present by the occupancy of pavilions B, C and D, by male patients. the capacity of these wards being 40 patients each. and it will be seen by the recapitulation farther on in my report that the population is still greatly in excess of the institution's capacity.

The opening of the male employes' building has allowed the employes of the female department to be removed from the male

Manhattan State Hospital—Annual Report

attendants' home at the male department without materially affecting the capacity of the latter institution, as it merely gives an opportunity of relieving the overcrowding to which the attendants were formerly subjected, and providing suitable accommodations for those who were compelled to room in the basement, attic, lobbies between the wards, etc., and the apartments vacated cannot be made habitable for the patients.

The erection of a frame building for male employes at Central Islip has increased the capacity of that department 60.

I give below a resumé of the capacities and population of the different departments.

	Capacity last reported.	Increase by new buildings.	Decrease by fire.	Capacity at present.
Female department.....	1,810	68	.....	1,878
Male department.....	1,620	.....	150	1,470
Hart's Island.....	1,802	.....	.....	1,802
Central Islip.....	759	60	.....	819
Total	5,491	128	150	5,469

Respectfully,

E. C. DENT,

Medical Superintendent.

NINTH ANNUAL REPORT OF THE
Manhattan State Hospital—Annual Report

STATISTICAL TABLES

SPECIAL TABLE No. 1.

Medical Service, October 1, 1896, to September 30, 1897.

Number of physicians.....	47
Ratio of physicians to patients.....	1 to 146.36
Annual per capita cost of medical service.....	8.097

SPECIAL TABLE No. 2.

Employees, October 1, 1896, to September 30, 1897.

Total number of employes.....	1,311
Ratio of all employes to patients.....	1 to 5.25
Ratio of attendants to patients.....	1 to 8.25
Per capita cost of all employes.....	59.62

SPECIAL TABLE No. 3.

Recoveries.

On number admitted.....	9.56
On average daily population.....	2.14
On whole number treated.....	1.76
On number discharged.....	10.32

SPECIAL TABLE No. 4.

Deaths.

On number admitted.....	40.92
On average daily population.....	9.15
On whole number treated.....	7.51
On number discharged.....	44.17

Manhattan State Hospital—Annual Report

SPECIAL TABLE No. 5.

Statement of the Quantities of Staple Articles Purchased, from October 1, 1896, to September 30, 1897.

Flour, barrels.....	11,796
Meats, fresh, pounds.....	1,552,869
Meat, smoked and salt, pounds.....	241,334
Sugar, pounds.....	376,791
Coffee, pounds.....	143,582
Tea, pounds.....	22,427
Butter, pounds.....	348,684
Eggs, dozen.....	222,305
Coal, tons.....	21,107 ⁴ / ₁₀₀

SPECIAL TABLE No. 6.

Statement Showing Average Purchase Price and Per Capita Cost of Staple Articles of Consumption, for the Period from October 1, 1896, to September 30, 1897.

	Average price.	Per capita cost.
Fresh meats, per pound.....	\$0 0642	\$14.50
Poultry.....	.1212	1.53
Wheat flour, per barrel.....	4.56	7.82
Butter.....	.181	9.18
Cheese.....	.0938	1.04
Milk, condensed, per quart.....	.1186	5.878
Milk, cows, per quart.....	.0369	.215
Eggs, per dozen.....	.1547	5.001
Tea.....	.244	.798
Coffee.....	.1813	3.786
Sugar.....	.0444	2.433
Liquor, distilled, per gallon.....	2.428	.156

Manhattan State Hospital—Annual Report

TABLE No. 1.

Showing Movement of Population for the Year Ending September 30,
1897.

	Men.	Women.	Total.
Remaining October 1, 1896.....	3,155	3,680	6,835
Admitted during year ending September 30, 1897	768	769	1,537
On original commitments:			
From residences	593	704	1,297
By transfers from county houses.....	52	29	81
By transfers from other institutions for insane	8	15	23
Unascertained	115	21	136
Total number under treatment during year...	3,923	4,449	8,372
Daily average population.....	3,181	3,692	6,873
Capacity of institution	2,612	3,007	5,619
Discharged during the year:			
As recovered	72	75	147
As improved	199	179	378
As unimproved	101	158	259
As not insane*	4	7	11
Died	310	319	629
Whole number discharged during the year ..	686	738	1,424
Remaining October 1, 1897.....	3,237	3,711	6,948

* Men—One dotard, 3 inebriates. Women—Three dotards, 2 epileptics, 2 idiots

Manhattan State Hospital—Annual Report

TABLE No. 2.

October 1, 1896, to September 30, 1897.

Date of opening:

Female department, Ward's Island.....	1894
Male department, Ward's Island.....	1871
Hart's Island.....	1877
Central Islip.....	1889
Total acreage of grounds and buildings.....	1,356

Value of real estate, including buildings.....	\$4,561,685 69
Value of personal property.....	337,245 33

Acreage under cultivation.....	235
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Receipts during year:

From State treasury for maintenance on estimates	
1 to 12 inclusive.....	\$1,322,753 16
From reimbursing patients.....	6,692 01
From all other sources.....	2,201 72

Total receipts for maintenance..... \$1,369,958 06

Total receipts from State Commission in
Lunacy for extraordinary improvements.... 403,892 78

Disbursements during year for maintenance:

Estimate No. 1. For officers' salaries.....	\$60,694 09
Estimate No. 2. For wages.....	410,323 08
Estimate No. 3. For provisions and stores.....	527,462 85
Estimate No. 4. For ordinary repairs.....	38,081 32
Estimate No. 5. For farm and grounds.....	18,464 19
Estimate No. 6. For clothing.....	97,292 72
Estimate No. 7. For furniture and bedding.....	47,617 77
Estimate No. 8. For books and stationery.....	6,338 64
Estimate No. 9. For fuel and light.....	83,329 59
Estimate No. 10. For medical supplies.....	13,074 51
Estimate No. 11. For miscellaneous expenses.....	56,779 03
Estimate No. 12. For transportation.....	87 77

Total disbursements, estimates 1 to 12 inclusive, \$1,359,545 56

Manhattan State Hospital—Annual Report

Table No. 2—(Concluded).

Total disbursements during year for extraordinary improvements under apportionments by State Commission in Lunacy	\$403,982 78
<hr/>	
Balances October 1, 1897:	
General maintenance fund	\$10,412 60
<hr/>	
Apportionments by State Commission in Lunacy for extraordinary improvements:	
Chapter 693, Laws of 1895... ..	\$18,740 00
Chapter 941, Laws of 1896.....	73,753 47
Chapter 460, Laws of 1897.....	125,017 46
<hr/>	
Weekly per capita cost on daily average number of patients, estimates 1 to 12 inclusive	\$3.7936
<hr/>	
Maximum rate of wages paid attendants:	
Men, per annum	\$420 00
Women, per annum.....	360 00
<hr/>	
Minimum rate of wages paid attendants:	
Men, per annum.....	\$240 00
Women, per annum.....	168 00
<hr/>	
Proportion of day attendants to average daily population.....	1 to 11
Proportion of night attendants to average daily population.....	1 to 47
Percentage of daily patient population engaged in some kind of useful occupation.....	55 per cent.
<hr/>	
Estimated value of farm and garden products during year.....	\$24,475 66
Estimated value of articles made or manufactured by patients during year.....	98,700 00
<hr/>	

Manhattan State Hospital—Annual Report

TABLE No. 3.

Showing the Assigned Causes of Insanity in Cases Admitted During the Current Year.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Moral:							
Adverse conditions (such as loss of friends, business troubles, etc).....	67	113	180	11	17	28	22
Mental strain, worry and overwork (not included in above).	82	11	93	16	2	18	9
Religious excitement.	12	21	33	1	3	4	....
Love affairs (including seduction)	7	16	23	1	3	4	1
Fright and nervous shock	10	12	22	....	3	3	2
Physical:							
Intemperance	160	37	197	14	4	18	22
Sexual excess	6	....	6	2	....	2	1
Venereal diseases....	43	....	43	2	....	2	6
Masturbation	48	1	49	7	....	7	3
Sunstroke	20	5	25	3	....	3	2
Accident or injury...	13	7	20	....	3	3	....
Pregnancy .....	....	5	5	....	1	1	....
Parturition and puerperium .....	....	50	50	....	8	8	5
Lactation .....	....	4	4	....	....	....	1
Change of life .....	....	16	16	....	5	5	3
Fevers	6	4	10	1	....	1	....
Privation and overwork	3	2	5	2	....	2	....
Epilepsy	32	24	56	2	1	3	4
Other convulsive disorders	1	1	2	....	....	....	1
Diseases of skull and brain	35	6	41	3	....	3	5
Old age	47	18	65	3	1	4	18
Epidemic influenza...	1	5	6	....	1	1	...
Abuse of drugs	1	5	6	1	3	4	....
Loss of special sense.	4	1	5	....	....	....	1
Uraemic poisoning...	6	1	7	....	....	....	....
All other bodily disorders and ill health.	31	21	52	5	3	8	4

Manhattan State Hospital—Annual Report

Table No. 3—(Concluded).

CAUSES.	YEAR ENDING SEPTEMBER 30, 1897.			INHERITED PREDISPOSITION.			Unascertained.
	Men.	Women.	Total.	Men.	Women.	Total.	
Heredity.....	22	5	27	22	5	27	....
Congenital defect.....	2	3	5	1	.....	1	2
Unascertained.....	105	368	473	....	44	44	102
Not insane.....	4	7	11	....	.....	.....	....
Total	768	769	1,537	97	107	204	214

TABLE No. 4.

Showing Forms of Insanity in Those Admitted, Recovered and Died During the Year Ending September 30, 1897, and Since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute delirious	10	3	6	10	4	7
Mania, acute	202	32	43	2,341	501	498
Mania, recurrent.....	39	8	....	247	81	25
Mania, chronic.....	44	.....	17	462	9	233
Melancholia, acute	523	95	92	5,342	915	840
Melancholia, simple	9	6	....	69	6	.....
Melancholia, chronic.....	140	.....	62	1,165	15	413
Alternating (circular) insanity	4	.....	....	47	.....	.....
Paranoia.....	15	.....	1	15	.....	1
General paralysis.....	224	.....	130	1,453	.....	1,015
Dementia, primary	5	3	5	494	71	153
Dementia, terminal.....	225	.....	248	1,944	.....	2,065
Epilepsy with insanity.....	48	.....	20	240	.....	128
Imbecility with maniacal attacks	38	.....	5	260	.....	28
Idiocy .....	.....	.....	....	33	.....	5
Not insane*.....	11	.....	....	20	.....	.....

* Includes cases of alcoholism, drug habit, etc.

Manhattan State Hospital—Annual Report

TABLE No. 5.
Showing Results of Treatment in Presumably Curable Cases for the Current Year.

	PRESENT AT BEGINNING OF YEAR.			ADMITTED DURING YEAR.			UNDER TREATMENT DURING YEAR.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
CURABLE CONDITIONS.									
Melancholia in acute forms . . .	155	148	303	252	225	477	407	373	780
{ First admission . . .									
{ Second admission . . .	2	9	11	30	8	38	22	17	39
{ Third admission . . .	.....	1	1	7	.....	7	7	1	8
Mania in acute forms	35	54	89	54	145	199	89	199	288
{ First admission . . .	1	7	8	12	18	30	13	25	38
{ Second admission . . .	1	4	5	4	8	12	5	12	17
{ Third admission . . .	.....	.....	.....	2	2	4	5	2	7
All other curable forms . . .	8	.....	8	.....	.....	.....	.....	.....	.....
{ First admission . . .	2	.....	2	.....	.....	.....	.....	.....	.....
{ Second admission . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....
{ Third admission . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....

Manhattan State Hospital—Annual Report

Table No. 5—(Continued).

[illegible]

Manhattan State Hospital—Annual Report

Table No. 5—(Concluded).

CURABLE CONDITIONS.	DISCHARGED RECOVERED DURING YEAR.			AVERAGE LENGTH OF TREATMENT OF RECOVERED CASES. (LAST ATTACK.)				DIED DURING YEAR.			TRANSFERRED TO OTHER GROUPS.			REMAINING AT CLOSE OF FISCAL YEAR.		
	Men.	Women.	Total.	MEN.		WOMEN.		Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
				Years.	Months.	Years.	Months.									
Melancholia in { First admission...	49	43	92	...	9	...	7	38	52	90	42	128	170	143	150	293
Second admission.	5	2	7	1	4	...	10	...	2	2	...	9	9	...	4	4
Third admission.	2	1	3	...	4	...	10	...	...	...	...	...	...	...	...	...
Mania in acute { First admission...	10	22	32	1	...	...	11	18	22	40	7	72	79	33	83	116
Second admission.	2	4	6	...	2	...	11	1	2	3	...	11	11	...	8	8
Third admission.	1	3	4	...	7	1	...	...	...	...	...	9	9	...	...	...
All other cur- { First admission...	3	...	3	3	9	...	...	1	...	1	...	2	2	1	...	1
able forms.	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Third admission.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Manhattan State Hospital—Annual Report

TABLE No. 6.
Showing the Duration of Insanity Previous to Admission, and the Period Under Treatment of Patients Discharged Recovered During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.						SINCE OCTOBER 1, 1888.					
	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.			DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	22	32	54	18	3	21	287	335	572	30	35	65
One to three months	14	14	28	18	7	25	110	148	258	188	206	394
Three to six months	4	8	12	11	31	42	33	51	84	183	272	455
Six to nine months	1	5	6	8	13	21	22	24	46	108	164	272
Nine months to one year	2	.....	2	7	6	13	7	7	14	74	91	165
One year to eighteen months ..	1	4	5	5	9	14	9	19	28	54	61	115
Eighteen months to two years ..	1	.....	1	1	.....	1	5	3	8	27	23	50
Two to three years .....	.....	1	1	2	4	6	14	11	25	28	18	46
Three to four years .....	.....	.....	.....	2	1	3	2	5	7	12	7	19
Four to five years .....	.....	1	1	.....	.....	.....	2	4	6	2	1	3
Five to ten years .....	.....	1	1	.....	1	1	2	7	9	7	6	13
Ten to twenty years .....	.....	.....	.....	.....	.....	.....	.....	12	12	1	4	5
Not insane* .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained	27	9	36	.....	.....	.....	271	262	533	.....	.....	.....
Total	72	75	147	72	75	147	714	888	1,602	714	888	1,602

* Includes cases of alcoholism, opium habit, etc.

Manhattan State Hospital—Annual Report

TABLE No. 7.

Showing the Causes of Death of Patients Who Died During the Current Year and Since October 1, 1888.

CAUSE OF DEATH.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abscess, cerebral .....	.....	.....	.....	4	2	6
Abscess, hepatic .....	.....	.....	.....	1	1	2
Abscess, nephritic .....	.....	.....	.....	1	.....	1
Abscess, post-pharyngeal .....	.....	.....	.....	2	.....	2
Abscess, psoas .....	.....	.....	.....	1	.....	1
Amputation of leg .....	.....	.....	.....	.....	1	1
Anal fistula .....	.....	.....	.....	.....	1	1
Aneurism	1	.....	1	1	5	6
Angina pectoris .....	.....	.....	.....	1	.....	1
Apoplexy	35	18	53	126	145	271
Appendicitis .....	.....	.....	.....	4	.....	4
Asphyxia by obstruction	2	.....	2	6	.....	6
Asphyxia by submersion .....	.....	.....	.....	3	1	4
Asphyxia by suspension .....	.....	1	1	16	1	17
Asthma .....	.....	.....	.....	.....	3	3
Atheroma .....	.....	.....	.....	6	.....	6
Bright's disease	18	18	36	135	171	306
Bronchitis, acute .....	.....	.....	.....	.....	11	11
Bronchitis, capillary .....	.....	.....	.....	12	3	15
Bronchitis, chronic	3	1	4	16	15	31
Carcinoma	1	5	6	10	33	43
Caries of elbow .....	.....	.....	.....	.....	1	1
Cellulitis .....	.....	.....	.....	.....	12	12
Cerebral congestion .....	.....	.....	.....	1	4	5
Cerebral cyst .....	.....	.....	.....	2	.....	2
Cerebral embolism .....	.....	2	2	.....	10	10
Cerebral softening .....	.....	.....	.....	.....	2	2
Cerebral thrombosis .....	.....	1	1	.....	7	7
Cerebral tumor	2	1	3	2	5	7
Cirrhosis of liver	2	1	3	21	8	29
Cystitis and pyelitis	2	.....	2	11	1	12
Dementia, senile .....	.....	2	2	1	49	50
Dementia, terminal .....	.....	.....	.....	36	19	55
Diarrhœa, acute	1	.....	1	2	41	43
Diarrhœa, chronic	1	1	2	46	48	94
Dysentery, acute	11	3	14	138	56	194
Dysentery, chronic .....	.....	.....	.....	2	13	15
Eclampsia .....	.....	.....	.....	.....	1	1

Manhattan State Hospital—Annual Report

Table No. 7—(Continued).

CAUSE OF DEATH.	YEAR ENDING SEP- TEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Eczema and pemphigus				1		1
Emphysema, pulmonary		1	1	5	4	9
Empyæmia	1		1	3	3	6
Enteritis, catarrhal		3	3	18	5	23
Enteritis, tubercular		1	1		1	1
Epilepsy	12	6	18	114	73	187
Epithelioma				5	1	6
Erysipelas		1	1	5	10	15
Fever, remittent				1		1
Fever, typhoid				2	1	3
Fracture of base of skull				2	1	3
Fracture of leg					1	1
Gall-stone				1	2	3
Gangrene of lower extremities					3	3
Gastritis					2	2
Gastro-enteritis		1	1	3	11	14
General paresis	106	16	122	803	112	915
Goitre, exophthalmic					2	2
Gumm of dura					1	1
Hæmatæmesis				1		1
Hæmoptysis		1	1	3	2	5
Heart:						
Clot				1		1
Dilatation of	2	5	7	24	23	47
Endocarditis	9	12	21	14	36	50
Fatty degeneration	3	1	4	35	11	46
Hypertrophy				2		2
Myocarditis, acute		1	1		1	1
Myocarditis, chronic		6	6		19	19
Pericarditis				2	3	5
Rupture of ventricle				2		2
Valvular disease	10	14	24	135	193	328
Heat exhaustion				1	1	2
Hemiplegia					11	11
Hernia, strangulated				3	1	4
Injuries from fall					1	1
Injuries to throat					1	1
Intestinal obstruction				2	1	3
La grippe					41	41
Leucocythemia					1	1

Manhattan State Hospital—Annual Report

Table No. 7—(Concluded).

CAUSE OF DEATH.	YEAR ENDING SEP- TEMBER 30, 1897.			SINCE OCTOBER 1, 1838.		
	Men.	Women.	Total.	Men.	Women.	Total.
Locomotor ataxia. ....	...	1	1	...	1	1
Mania, acute.	7	20	27	81	96	177
Mania, chronic. ....	...	1	1	...	8	8
Melancholia, acute.	2	16	18	55	62	117
Melancholia, chronic. ....	...	4	4	...	11	11
Meningitis, acute.	4	...	4	41	7	48
Meningitis, cerebro-spinal. ....	...	...	...	...	1	1
Meningitis, chronic.	1	2	3	4	3	7
Meningitis, pachy. ....	...	...	...	...	8	8
Meningitis, tubercular. ....	...	...	...	...	1	1
Myelitis.	1	2	3	11	3	14
Neuritis, multiple. ....	...	1	1	...	9	9
Oedema of glottis. ....	...	...	...	1	...	1
Oedema pulmonary. ....	...	7	7	...	7	7
Paraplegia.	1	...	1	1	9	10
Parotiditis. ....	...	1	1	...	1	1
Peritonitis.	1	...	1	14	15	29
Phthisis.	43	75	118	434	901	1335
Pleuritis, acute. ....	...	...	...	4	3	7
Pleuritis, chronic. ....	...	...	...	1	1	2
Pneumonia, acute lobar.	11	12	23	147	171	318
Pneumonia, acute lobular.	17	4	21	17	24	41
Pneumonia, pleuro. ....	...	...	...	...	3	3
Pneumothorax. ....	...	...	...	...	1	1
Progressive bulbar paralysis. ....	...	...	...	...	2	2
Purpura-hæmorrhagica. ....	...	1	1	...	7	7
Pyæmia. ....	...	...	...	22	...	22
Pyloric obstruction. ....	...	...	...	...	1	1
Rheumatism. ....	...	...	...	...	1	1
Senility. ....	...	48	48	21	114	135
Septicæmia. ....	...	...	...	17	11	28
Shock. ....	...	...	...	3	...	3
Syphilis. ....	...	1	1	...	2	2
Tubercular nephritis. ....	...	...	...	1	...	1
Tumor, ovarian. ....	...	...	...	...	3	3
Ulcer, gastric. ....	...	...	...	...	1	1
Ulcer trophic. ....	...	...	...	...	3	3
Variola. ....	...	...	...	1	...	1
Total.	316	319	629	2671	2740	5411

Manhattan State Hospital—Annual Report

TABLE No. 8.

Showing Hereditary Tendency to Insanity in Patients Admitted During the Current Year and Since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	27	9	36	250	132	382
Maternal branch	19	21	40	222	222	444
Paternal and maternal branches	3	.....	3	35	9	44
Collateral branches.....	26	81	107	340	580	920
No hereditary tendency .	574	535	1,109	3,796	4,104	7,900
Unascertained	119	123	242	2,438	2,014	4,452
Total	768	769	1,537	7,081	7,061	14,142

TABLE No. 9.

Showing Civil Condition of Patients Admitted During the Current Year and Since October 1, 1888.

CIVIL CONDITION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single.....	446	270	716	3,721	2,687	6,408
Married	241	320	561	2,631	2,884	5,565
Widowed	76	165	241	553	1,395	1,948
Divorced.....	3	8	11	10	19	29
Unascertained.....	2	6	8	116	76	192
Total	768	769	1,537	7,081	7,061	14,142

Manhattan State Hospital—Annual Report

TABLE No. 10.

Showing Degree of Education of Patients Admitted During the Current Year and Since October 1, 1888.

DEGREE OF EDUCATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	27	4	31	143	16	159
Academic	26	15	41	112	40	152
Common school.....	320	168	488	1,755	500	2,255
Read and write.....	263	303	566	3,868	4,514	8,382
Read only.....	17	32	49	129	338	467
No education.....	52	98	150	512	983	1,495
Unascertained.....	63	149	212	562	670	1,232
Total	768	769	1,537	7,081	7,061	14,142

Manhattan State Hospital—Annual Report

TABLE No. 11.
Showing the Duration of Insanity Previous to Admission, and the Period under Treatment of Patients who Died during the Current Year and since October 1, 1888.

	YEAR ENDING SEPTEMBER 30, 1887.				SINCE OCTOBER 1, 1888.			
	DURATION PREVIOUS TO ADMISSION.		PERIOD UNDER TREATMENT.		DURATION PREVIOUS TO ADMISSION.		PERIOD UNDER TREATMENT.	
	Men.	Women.	Total.		Men.	Women.	Total.	
Under one month.....	43	66	109	51	102	375	363	738
One to three months.....	49	40	89	39	77	397	284	681
Three to six months.....	16	7	23	34	55	146	117	263
Six to nine months.....	18	14	32	14	32	131	101	232
Nine months to one year.....	4	8	12	24	40	73	60	133
One year to eighteen months..	17	10	27	24	50	127	84	211
Eighteen months to two years..	5	8	13	11	41	49	41	90
Two to three years.....	14	18	32	20	41	98	108	196
Three to four years.....	11	7	18	12	23	56	49	105
Four to six years.....	7	6	13	23	36	39	45	84
Six to ten years.....	2	7	9	20	41	30	46	76
Ten to twenty years.....	1	5	6	27	60	48	29	77
Twenty years and over.....	.....	1	1	12	31	16	24	40
Not insane".....	.....	.....	.....	.....	.....	.....	.....	.....
Unascertained.....	123	122	245	.....	.....	1,091	1,444	2,535
Total.....	310	319	629	310	629	2,671	2,740	5,411
Average duration of insane life (give years and tenths).....				5.1	5.7			
				6.2	5.7			
				6.1	6.6			
				5.8	5.8			

* Includes cases of alcoholism, drug habit, etc.

Manhattan State Hospital—Annual Report

TABLE No. 12.

Showing Ages of Those Admitted During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 5 to 10 years						
From 10 to 15 years	2	1	3	21	15	36
From 15 to 20 years	46	41	87	394	394	788
From 20 to 25 years	92	106	198	878	952	1,830
From 25 to 30 years	95	106	201	1,040	1,079	2,119
From 30 to 35 years	115	99	214	1,047	1,005	2,052
From 35 to 40 years	111	98	209	970	823	1,793
From 40 to 50 years	148	123	271	1,320	1,219	2,539
From 50 to 60 years	78	95	173	774	718	1,492
From 60 to 70 years	50	58	108	424	476	900
From 70 to 80 years	21	34	55	141	282	423
From 80 to 90 years	9	6	15	44	74	118
From 90 to 100 years	1	2	3	13	7	20
Over 100 years					2	2
Unascertained				15	15	30
Total	768	769	1,537	7,081	7,061	14,142

Manhattan State Hospital—Annual Report

TABLE No. 13.

Showing Ages of Those Discharged Recovered During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years	8	8	16	40	96	136
From 20 to 30 years	24	34	58	237	379	616
From 30 to 40 years	18	23	41	215	248	463
From 40 to 50 years	17	8	25	146	120	266
From 50 to 60 years	4	2	6	47	34	81
From 60 to 70 years	1	.....	1	27	11	38
From 70 to 80 years .....	.....	.....	.....	1	.....	1
From 80 to 90 years .....	.....	.....	.....	1	.....	1
Total	72	75	147	714	888	1,602

TABLE No. 14.

Showing Ages of Patients Who Died During the Current Year and Since October 1, 1888.

AGE.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years .....	.....	.....	.....	.....	3	3
From 15 to 20 years	3	9	12	32	60	92
From 20 to 25 years	19	22	41	118	169	287
From 25 to 30 years	14	20	34	209	222	431
From 30 to 35 years	33	22	55	322	268	590
From 35 to 40 years	44	30	74	395	299	694
From 40 to 50 years	80	52	132	630	545	1,175
From 50 to 60 years	53	53	106	459	462	921
From 60 to 70 years	33	50	83	309	377	686
From 70 to 80 years	21	43	64	141	258	399
From 80 to 90 years	9	16	25	40	76	116
Ninety years and over .....	.....	2	2	3	7	10
Unascertained	1	.....	1	13	4	17
Total	310	319	629	2,671	2,740	5,411

Manhattan State Hospital—Annual Report

TABLE No. 15.

showing Alleged Duration of Insanity Previous to Admission of
Patients Admitted During the Year Ending September 30, 1897.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month.....	134	221	355
One to three months.....	125	183	258
Three to six months.....	58	53	111
Six to nine months.....	64	44	108
Nine months to one year.....	11	11	22
One year to eighteen months.....	46	55	101
Eighteen months to two years.....	12	12	24
Two to three years.....	23	46	69
Three to four years.....	25	20	45
Four to five years.....	10	13	23
Five to ten years.....	52	33	85
Ten to fifteen years.....	6	12	18
Fifteen to twenty years.....	4	10	14
Twenty to thirty years.....	3	1	4
Thirty years and upwards.....		3	3
Not insane*.....	4	7	11
Unascertained.....	191	95	286
Total.....	768	769	1,537

* Includes cases of alcoholism, morphia habit, etc.

Manhattan State Hospital—Annual Report

TABLE No. 16.

Showing Period of Residence in Hospital of Patients Remaining
Under Treatment September 30, 1897.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	57	51	108
One to three months ...	116	104	220
Three to six months.....	136	153	289
Six to nine months	92	111	203
Nine months to one year.....	86	97	183
One year to eighteen months	167	215	382
Eighteen months to two years	124	160	284
Two to three years	286	370	656
Three to four years.....	236	275	511
Four to five years.....	221	245	466
Five to ten years.....	840	835	1,675
Ten to fifteen years	458	476	934
Fifteen to twenty years	273	265	538
Twenty to thirty years	144	291	435
Thirty years and upwards.....	1	63	64
Not insane*			
Total.....	3,237	3,711	6,948

* Includes cases of alcoholism, morphia habit, etc.

TABLE No. 17.

Showing the Occupation of those Admitted during the Current Year
and since October 1, 1888.

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional: ergy, military and naval officers, physicians, law- yers, architects, artists, authors, civil engineers, surveyors, etc.....	32	9	41	237	30	267
Commercial: Bankers, merchants, ac- countants, clerks, sales- men, shopkeepers, shop- men, stenographers, typewriters, etc.....	119	.....	119	1,161	.....	1,611

Manhattan State Hospital—Annual Report

Table No. 17—(Concluded).

OCCUPATION.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Agricultural and pas- toral:						
Farmers, gardeners, herds- men, etc.....	10	.....	10	110	.....	110
Mechanics, at out-door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc....	123	.....	123	1,714	.....	1,714
Mechanics, etc., at se- dentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc....	157	.....	157	1,292	.....	1,292
Domestic service:						
Waiters, cooks, servants, etc.....	89	335	424	510	4,280	4,790
Educational and higher domestic duties:						
Governesses, teachers, stu- dents, housekeepers, nurses, etc.....	11	283	294	49	1,266	1,315
Commercial:						
Shopkeepers, saleswomen, stenographers, type- writers, etc.....	.....	23	23	5	124	129
Employed in sedentary occupation:						
Tailoresses, seamstresses, bookbinders, factory workers, etc.....	.....	37	37	.....	627	627
Miners, seamen, etc.....	14	.....	14	14	.....	14
Prostitutes.....	.....	.....	.....	.....	10	10
Laborers.....	155	.....	155	1,388	.....	1,388
No occupation.....	54	82	136	370	576	946
Unascertained.....	4	.....	4	231	148	379
Total.....	768	769	1,537	7,081	7,061	14,142

Manhattan State Hospital—Annual Report

TABLE No. 18.

Showing the Nativity of Patients Admitted During the Current Year
and Since October 1, 1888.

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Austria	18	24	42	143	143	286
Australia					1	1
Africa				2		2
Algeria				3		3
Bulgaria	1		1	1		1
Bohemia	2	4	6	41	61	102
Belgium	3	1	4	9	6	15
Bavaria				5	5	10
Brazil					1	1
Burmah					1	1
Canada	7	7	14	72	64	136
Cuba		1	1	2	8	10
China	4		4	23		23
Denmark	3	1	4	22	9	31
England	29	25	54	269	230	499
Egypt				1		1
France	7	18	20	126	75	201
Finland		3	3	12	11	23
Galacia					1	1
Germany	117	111	228	1,309	1,111	2,420
Greece				6		6
Holland	1	3	4	18	10	28
Hungary	12	8	20	89	104	193
Italy	37	18	55	262	127	389
Ireland	134	222	356	1,373	2,385	3,758
Japan				2		2
Mexico				3	1	4
Macedonia					1	1
Malta				3	1	4
Nova Scotia				6		6
Newfoundland		2	2	1	3	4
Norway	4	2	6	29	11	40
New Zealand				1		1
Other British Possessions				12		12
Prussia		1	1		4	4
Roumania		3	3	3	19	22
Russia and Poland	53	61	114	382	391	773
Saxony					3	3
Scotland	9	3	12	85	66	151
Spain				9	1	10

Manhattan State Hospital—Annual Report

Table No. 18—(Concluded).

NATIVITY.	YEAR ENDING SEPTEMBER 30, 1897.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Sweden	12	15	27	97	94	191
Switzerland.....	11	6	17	56	52	108
South America.....	.....	.....	.....	3	.....	3
Turkey.....	.....	.....	.....	13	2	15
United States	297	233	530	2,527	2,013	4,540
United States of Columbia .....	.....	.....	.....	.....	2	2
Wales.....	1	.....	1	2	17	19
West Indies	4	1	5	25	7	32
Unascertained	2	1	3	34	20	54
Total	768	769	1,537	7,081	7,061	14,142

Of the total number admitted since the 1st of October, 1888, the parents of 80.21 per cent. were both of foreign birth.

In 1.94 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.12 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

Manhattan State Hospital—Annual Report

TABLE No. 19.

Showing the Residence by Counties and Classification of Patients
Admitted During the Year Ending September 30, 1897.

COUNTIES.	Public.	Private.	Total.
Albany	1	.....	1
Greene	1	.....	1
Herkimer	1	.....	1
Kings	20	.....	20
New York	1,507	.....	1,507
Queens	3	.....	3
Richmond	2	.....	2
Ulster	1	.....	1
Westchester	1	.....	1
Total	1,537	.....	1,537

Manhattan State Hospital—Annual Report

TABLE No. 20.

Showing the Residence by Counties and Classification of Patients
Remaining Under Treatment September 30, 1897.

COUNTIES.	PUBLIC.			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany		1	1	.....	.....	.....
Greene		1	1	.....	.....	.....
Herkimer		1	1	.....	.....	.....
Kings		10	10	.....	.....	.....
New York	2,563	3,097	5,660	.....	.....	.....
Queens		3	3	.....	.....	.....
Richmond		2	2	.....	.....	.....
Ulster		1	1	.....	.....	.....
Westchester		4	4	.....	.....	.....
Unascertained	674	591	1,265	.....	.....	.....
Total	3,237	3,711	6,948	.....	.....	.....

REPORT OF INDUSTRIES, FROM OCTOBER 1, 1896, TO SEPTEMBER 30, 1897.

PRINTING OFFICE.

During the year the printing office at the male department of this hospital, with but a single addition to its equipment—a paper cutter—turned out the following work:

Blanks, notices, orders, cards (census, daily, weekly and monthly), labor and service reports, discharge, resignation, leave of absence, requisition, examination, admission, extra diet blanks; death and sick notices; carriage, money, provision, spiritous frumenti orders, forwarding and receiving bills; coffin, clinic, ward and office cards	126,850
Bulletin boards, names for.....	1,075
Envelopes, all sizes.....	114,570
Examination blanks (physicians).....	1,240
Hymn books	400
Inventory and patients' clothing.....	1,000
Labels	20,700
Laundry lists	22,500
Letter headings and form 161.....	188,550
Library catalogues	25
Passes, all kinds.....	126,850
Prescription blanks	10,500
Programs, musical	13,650
Programs, sports	900
Proposals bonds	550
Storekeeper's report	500
Temperature charts	200
Vouchers, steward's	2,000
Writing paper, wrapping paper.....	6,000
Total	638,060

Manhattan State Hospital—Annual Report

SPECIFICATIONS, RULES, ETC.

Printed, bound and cut.

Rules for attendants, male department (8 pages).....	150
Rules for attendants, female department (8 pages).....	150
Electric wiring and fixtures, building for female employees, Ward's island (38 pages).....	100
Electric wiring, kitchen building, female department, Ward's island (32 pages).....	100
Electric wiring, Central Islip (32 pages).....	100
Plumbing and drainage, Central Islip (50 pages).....	100
Plumbing and drainage, work shops, Ward's island (32 pages).....	100
Training school for nurses (30 pages).....	250
Total.....	<u>1,050</u>

MAT SHOP.

In this department were manufactured the following articles:

Brooms.....	2,762
Brush mats, single.....	35
Brush mats, double.....	26
Base ball bases.....	8
Base ball protectors.....	2
Can mats.....	31
Carpet woven, yards.....	229
Chairs, caned.....	77
Coir mats, single.....	367
Coir mats, double.....	144
Coir mats, extra size.....	51
Cloth mats, single.....	4
Cloth mats, double.....	6
Cushions, hair.....	74
Cuspidor mats.....	229
Fancy mats, single.....	17
Fancy mats, double.....	13
Manila mats.....	2

Manhattan State Hospital—Annual Report

Mattresses, new.....	1,792
Matting, yards.....	32
Mattresses, remade.....	3,874
Pillows, new.....	1,560
Rag mats.....	79
Rugs	6
Scrub brushes.....	1,435
Waste baskets, rush.....	2
Waste baskets, manila	13
Wood baskets.....	1

The work in this shop entailed making braid for coir and brush mats, hair picking, broom corn cleaning, preparing cloth for fancy mats and general repairs to mats, matting, elevator ropes, etc.

The tailor shops report the manufacture of the following:

Men's jackets and coats.....	951
Men's vests	645
Men's trousers	1,838
Men's overcoats	1
Men's canvas coats.....	311
Men's canvas trousers.....	271
Men's blue denim coats.....	222
Men's blue denim trousers.....	232
Men's caps	2,818
Men's overalls.....	27
Men's jumpers	13
Men's drill suits.....	70

SHOE SHOP REPORT.

Shoes repaired for stock, pairs.....	3,792
Shoes repaired per order, pairs.....	402
Shoes made to order, pairs.....	53
Boots repaired per order, pairs.....	1,827
Slippers repaired for stock, pairs.....	157
Slippers repaired per order, pairs.....	7
Harness repaired, pieces.....	42

Manhattan State Hospital—Annual Report

SEWING ROOMS.

The sewing rooms' reports show that a total of 121,325 articles were made, as follows:

Aprons	2,047
Attendants' dress straps, pairs	497
Attendants' caps	1,626
Attendants' uniforms	325
Attendants' aprons	516
Bandages	1,657
Bath robes	84
Bureau covers	9
Blue covers	4
Bags, laundry	46
Bags, ticking	24
Bags, clothes	8
Bags, coffee	30
Cooks' jackets	15
Cooks' caps	668
Cooks' aprons	288
Cloaks	281
Curtains, pairs	116
Chemise, muslin	8,308
Drawers, muslin	758
Dresses, gingham	6,533
Dresses, aldine	4,848
Flags, signal	17
Iron holders	93
Lawn ties	315
Mittens	4,375
Napkins, table	4,529
Napkins, diaper	889
Night gowns	1,100
Petticoats	971
Pillow cases	11,930
Pillow shams	1,250

Manhattan State Hospital—Annual Report

Scrub pads	11
Sheets	17,903
Sheets, protection	12
Shirts, drill	9,297
Shirts, blue denim	4,047
Shirts, muslin	278
Shrouds	582
Shirts, under	4,285
Stockings knit, pairs	309
Suspenders, pairs	5,728
Table clothes	1,047
Toilet covers	31
Towels, bath	1,043
Towels, dish	3,068
Towels, glass	167
Towels, hand	7,011
Towels, napkin	489
Towels, roller	11,213
Tray, clothes	235
Waists, gingham	122
Waists, ticking	183
Window awnings	26
Window shades	176
Washstand covers	5

In addition to the above manufactures 116,462 articles were repaired.

LAUNDRY.

The total number of pieces laundered during the year was 5,874,582.

Manhattan State Hospital—Annual Report

CARPENTER'S REPORT

Female Department.—Built house to contain steam fire engine, hook and ladder truck and hose cart; new floors (6 rooms), staff house, stable, halls 2, 4, 7, 8 and 10. Repaired coal wagons, bread wagons, ice wagons, delivery wagons, dumb-waiters in branches 4 and 5, tables, bureaus, windows wherever needed, locks, closets; repairs to "Mermaid" and at docks foot of 116th street and at float foot of 116th street, the electric launch; built fences about gardens, repaired roofs at pavilion K, baker shop, Blackwell's island; laid floors and made repairs in Dr. Dent's cottage; ceiling and bath room, steward's house; put in new beams in branch 5, put in shelving in pantries; repaired and put on locks wherever required; laid new floors in retreats 1, 4 and 6, Blackwell's island; new ceiling in water closets and wash rooms, branch 3; new shelving in halls 2 and 6; ordinary repairs to benches and blinds of all buildings; general repairs have been made in all the halls, branches, retreats and buildings as required so far as possible with the limited number of carpenters at our disposal.

Male Department.—New floors in wards, dining rooms, pantries and dormitories, 18; coffins, 333; doors, 13; bed boards, 42; barber's chairs, 7; frames for mosquito netting, 22; frames for screens, 23; picture and calendar frames, 79; letter boxes, 3; boxes, blacking, for wards, 11; boxes, packing, 84; book cases, 7; tables, 26; table tops, 8; wardrobes, 16, trays for drug store, 26; ice boxes, 4; steps, for wards, 4, E & G, also for band room and band stand, mansard roof for band house, 34 feet by 43 feet by 15 feet; also ceiling, wainscoting, etc.; green house, 26 feet by 43 feet; also 4 stands for pots, 176 feet by 2 feet 6 inches.

HART'S ISLAND.

Made 11 coal boxes, 19 clothes and hat racks, 17 boxes, 7 towel racks, 19 closets, 19 handles for brushes, mops, etc., 16 doors, 5 tanks, 4 draining boards, 20 notice frames, 13 gratings, 2 storm doors, 24 covers for troughs, boilers, etc., 28 signs, 120 coffins.

Manhattan State Hospital—Annual Report

Put up.—Forty-four shelves, 10 partitions, 9 ceilings, 16 drying horses in laundry, 1 boat house.

Put on.—Sixty-two locks, 24 pairs of hinges, 24 closet rims, 6 weather boards on doors, 22 door knobs, 335 sash cords.

Hung.—Fire extinguishers in all pavilions, 12 doors, put down 112 saddles.

Repaired.—Eighty-six locks, 42 tables, 8 bath tub rims, 65 settees, 270 chairs, 16 stools, 11 sashes, 2 troughs.

Kept in thorough repair, subways, boats, hand carts, wagons, outside shutters, docks, flag poles, stable, ladders, inside shades, belfry, ploughs, wheelbarrows, verandas, fences, ice house and attend to flooring in all pavilions.

CENTRAL ISLIP.

Built 1 shed for storing paints, 10 feet by 20 feet; 10 pig pens, 25 feet by 100 feet; 80 coops for hatching chickens; 25 coops for keeping chickens; an addition to cow barn, 25 feet by 20 feet; 1 mortuary, 12 feet by 20 feet; 1 shed for lumber, 50 feet by 34 feet; 1 new cattle pen.

Made 3 dozen water closet seats, 500 feet of board walks, 1 set of sleigh runners for wagon, 1 grass seed sower, 30 coffins, 40 head boards, 1,200 coat hangers for clothes room, 6 tables, 12 bread boxes, 4 medicine closets for wards, 2 bulletin boards for office, 6 portable water closets for farm, 9 dust boxes for wards, 1 delf closet for group E, 3 tool boxes for farm implements; 15 double sash and frames for same, 6 ladders, 10 bins for storehouse, 12 panel doors.

Repaired 3,000 lineal feet of fencing around farm and new posts put down for same, 20 tables, 2 wagons, 6 carts, 250 wheelbarrows, 225 chairs, 75 settees.

Miscellaneous work done.—Four windows put in plumber's shop, new floor and ceiling put in, and second story fitted up for tinsmith's shop; 600 wheelbarrows have been put up together; 150 locks have been put on doors of wards; old clothes shelves taken down in groups A, B, C, D and E, and new shelving put in;

Manhattan State Hospital—Annual Report

75 toilet racks put up in wards; 300 lineal feet of steam conduit renewed; 15 doors hung on groups D, E and F; old side and bottom taken out of ice box and new ones put in; new shelving and netting put in bread room; wooden floor removed from old kitchen.

TINSMITH'S REPORT OF ARTICLES MADE DURING THE YEAR

Galvanized iron swill pails, with covers, 30; 100-gallon soap tanks, 3; 52-gallon benzine tank, with faucet, 1; fumigator, 1; card trays, 24; drip pans, assorted, 25; dish pans, 8; sink, 1; boxes, assorted, 22; keys, assorted, 209; sprinkling pots, 1; 20-gallon coffee boilers, with covers and faucets, 8; 3-gallon coffee boilers, with covers and faucets, 1; tea kettles, 3; fish scrapers, 14; large dust shovels, 2; latch locks, 2; egg boilers, 7; pudding pans, assorted, 36; funnels, assorted, 11; 1-gallon measures, 4; 20-gallon food cans, 30; 12-gallon food cans, 62; 6-gallon food cans, 13; 2-gallon paint cans, 30; 2-quart dinner cans, 108; 1-quart dinner cans, 60; chamber pots, 60; small pudding boiler, 1; reflectors, 2; strainers, assorted, 16; iron hood, 1; iron covers for radiators, 3; iron screen, 1; iron frying pans, 14; wire netting screens, 6; cake cutters, 4; cake shovels, 5; milk pans, 4; milk cans, 5; steam tray, 1; letter files, 6; pumps, 2; trays, assorted, 29; cake pans, assorted, 20; fish pans, 4; coffee strainers for tea and coffee boilers, 7; sauce pans, with covers, 10; collars for steam pipes, 28; partitions for radiators, 96; iron pipe hooks, 24; iron bath tub hooks, 14; steel chisels, 9; iron rods, with handles, eyes and washers, 95; feeding cups, 9; scoops, 5; music stands, 6; drum stand, 1; iron brackets for typewriter table, 2; soap trays, 46; water boilers, with faucets, 3; wash boilers, with faucets, 1; dippers, assorted, 10; locks for food boxes, 12; lead weights for floor polishers, 8; fish strainers, 3; stove for sterilizer, 1; flange pipes, assorted, 18; oil cans, 7; zinc floor, staff kitchen, 1; ice box, east building, 1; small boxes, 8;

Manhattan State Hospital—Annual Report

can covers, assorted, 16; copper fish boilers, 2; graters, 2; 4-quart coffee cans, 5; crow chasers, 85; oil syringe, 1; 10-gallon ice cream freezer, 1; 4-gallon ice cream freezer, 1; galvanized iron cylinders, 2; galvanized iron map cases, 2; tin map cases, 1; water sprinklers, 2; 6-inch iron covers for hydrants, 5; potato steamers, 2; wash tubs, 3; tin trays for shoe blacking, 60; large carriage bolts, with thread, 17; screw hooks, 30; wire screen door, 1; stand for alcohol lamp, 1; splint, 1; candle holders, 8; brass candle holders, 2; brass thumb screws, 12; brass calendar frames, 3; brass washers, 56; brass rings, 50; brass tags, 36; umbrella stand, 1; brass cuspidor, 1; brass hooks, 12; brass hooks, with catches and plates, 56; brass buckets and slides, 4; brass springs, 2; brass sewer strainer, 1; brass plugs for telephone board, 8; brass scotches, 36; copper roses, 2; copper rings, 6; copper hooks, 24; copper switch, 1. Total articles made, 1,886.

The total number of articles repaired in the tin shops, was 2,532. Over, 6,000 sheets of tin was used in repairing old and laying new tin roofs, etc.; gutters and leaders were repaired wherever necessary.

ENGINEER'S REPORT**FEMALE DEPARTMENT.**

Twenty-four new water closets put up in branches 1, 2, 3, 4, 5 and 6; 4-inch water main runs from pavilion A to residence No. 1, and also to staff house, about 500 feet; 4-inch water main runs from the 6-inch main to new kitchen building, about 300 feet; 4-inch steam main put in connecting the Verplanck system with the new kitchen building, about 120 feet; branch 8 sewer relaid with 6-inch C. I. pipe, about 100 feet; 6-inch water main run from the 12-inch main to the branch boiler house and medical superintendent's house, about 700 feet 6-inch pipe and 700 feet 4-inch; 15-inch C. I. sewer put in at south end of the island, about 130 feet; 3-inch water main (fire line) run from branch boiler house

Manhattan State Hospital—Annual Report

to the cellar of branches 1, 4 and 5, about 400 feet; iron standards put up in annex building, both sides of the stairs, from basement up to branch 3; coffee urns put up in pavilions A and D; six fire hydrants put up at different places; 6-inch water main run from 12-inch main to pavilion A, about 1,800 feet; 4-inch water main run from Verplanck boiler house to the dock; 32-inch "Colonial lavatories," in 8 sets, put up in branches and annex buildings; 3 new water closets put up in pavilion A; new brass tubes and fittings put in in the hot water tank, new branch building; new leader pipes put up at branch 5.

BLACKWELL'S ISLAND.**FEMALE DEPARTMENT.**

Repairs made to roofs of the retreat building, boiler house, pavilion L and M, kitchen building and male attendants' quarters; new water closet put up in bath-house; repairs to hot-water tank in male employes' dining room, also to hot-water tank in boiler room; slop sink in retreat No. 6 relined with tin, as also slop sinks in retreats Nos. 1, 2, 3 and 5.

MALE DEPARTMENT.

New steam connections to pump in main boiler house, 19 feet of 4-inch pipe with valves and fittings.

New steam and return pipes to wards 3, 7, 11, 13, 18 and 21; 700 feet of $\frac{3}{4}$ -inch pipe, 1,000 feet of 1-inch pipe, with valves and fittings.

New steam line from summer main, centre of main building to pump for Durham pressure system under ward 13, 175 feet of 3-inch pipe with valves and fittings.

New steam return main from corridor under ward 2, through tunnel to main boiler house, 250 feet of 5-inch pipe, with valves and fittings.

Put in 36 gaskets.

Set up and connected four steam kettles in main kitchen, 50 feet of $\frac{3}{4}$ -inch pipe, 20 feet of $\frac{1}{4}$ -inch pipe with valves and fittings.

Manhattan State Hospital—Annual Report

Placed new heating coils in main laundry, 800 feet of 1-inch pipe, 100 feet of $1\frac{1}{4}$ -inch pipe with valves and fittings.

Placed new heating coils in band room, 500 feet of 1-inch pipe, with valves and fittings.

Placed new heating coils in new green house, 500 feet of 1-inch pipe, with valves and fittings.

Overhauled all the valves, traps, unions and expansion joints in main and east building cellars, renewed worn out valves and packed joints.

Put in back air connections throughout east building 400 feet of 3-inch soil pipe; 300 pounds sheet lead with fittings.

Placed 3 bath-tubs, water closet and urinal with connections second floor east building, 180 feet of 4-inch soil pipe and fittings.

Placed new sinks in wards E, F and G, 100 feet 2-inch soil pipe.

Replaced all broken leader pipe in the main and east building, and recalked leader pipes throughout; material used, 600 feet of 5-inch cast iron soil pipe with fittings.

New hot and cold water connections for wards 3, 8 and 9, with valves and connections; 100 feet of $1\frac{1}{4}$ -inch galvanized pipe.

New hot water line from tank-room, ward 17, to tank-room under ward 2, 600 feet of 2-inch galvanized pipe, 850 feet of $2\frac{1}{4}$ -inch galvanized pipe, with valves and fittings.

New hot water line to east laundry, 300 feet $1\frac{1}{4}$ -inch galvanized pipe with valves and fittings.

New supply pipe through the tunnel, main building, 180 feet 3-inch galvanized pipe with fittings.

Thirty new cisterns for water closets, wards 6, 7, 8, 9, 11, 14, 15, 18 and 19, complete with fittings, about 200 feet $\frac{3}{4}$ -inch galvanized pipe, 250 feet of 1-inch galvanized pipe, 350 feet of $1\frac{1}{4}$ -inch galvanized pipe.

New school closet between west wing and boiler-house and one at east recreation ground, 100 feet of 6-inch earthen pipe, 100 feet of $\frac{3}{4}$ -inch galvanized pipe with fittings.

New sewerage at bakery 75 feet of 5-inch soil pipe.

New sewerage at new barn, 58 feet of 6-inch earthen pipe, 300 feet of 3-inch pipe.

Manhattan State Hospital—Annual Report

New connections from fire pump main boiler-house to fire line in building, 130 feet galvanized pipe.

New 6-inch main from 12-inch main to rear of main building with two hydrants and valves and fittings, 960 feet of 6-inch pipe.

New 6-inch supply and outlet for large reservoir, 480 feet of 6-inch croton pipe.

HART'S ISLAND.

Put up.—One box coil radiator in pavilion 5-1, north; 1 box coil radiator in visitors' room, pavilion 5; 2 box coil radiators in attendants' room, pavilion 5-1; 1 box coil radiator in cutting-room, pavilion 5; 1 box coil radiator in men's quarters; 3 vertical radiators in chapel; 1 vertical radiator in bath-room, pavilion 1; 3 copper soup kettles in cook house; 1 coffee urn in cook house; 1 injector in boiler-room; hot water tank, dining-room, pavilion 5; 2 steam traps in chapel; circulating steam pipes in men's quarters; 4 Yorkshire wash tubs in laundry; 1 galvanized iron boiler in staff kitchen, south hospital; 1 galvanized iron boiler in staff kitchen, north hospital; 1 water closet and cistern in staff quarters, south hospital; 12 air valves on radiators in different pavilions; 36 new faucets in different pavilions; 16 new valves on radiators in first assistant physician's cottage; circulating steam coil in drying-room of laundry; hot water pipes in bath-tub and sink, staff quarters, north hospital; 2 sinks in pavilions 4-1 and 4-2.

Made.—One steam coil for hot water tank, pavilion 1; 1 steam coil for hot water tank, pavilion 3-1; 2 steam coils for 2 hot water tanks, pavilion 5.

Repaired.—Steam coil in tank of laundry; 7 radiators in pavilion 5; water pipes in bath-rooms, 5-1 and 5-2; water pipes of tank, pavilion 1; main returns steam pipe; steam pipes of radiator, pavilion 2; steam pipes of coffee urns, general dining-room; steam pipes of 2 radiators, pavilion 3-1; main steam pipes from boiler-room; main steam pipe for pavilion 3; water pipe for soap house; steam pipes in subway; 70 faucets in different pavilions.

Manhattan State Hospital—Annual Report

Renewed.—Main steam pipe in cook house; blow off pipes of two horizontal boilers; blow off pipes of 2 locomotive boilers; feed pipes of 2 horizontal boilers; feed pipes of 2 locomotive boilers; extractor in laundry; water pipes of cisterns, pavilion 3-1 and 3-2; water pipes on columns of boilers; heat pipes of greenhouse; water and waste pipes for two sinks, pavilions 4-1 and 4-2; water pipes in cook house; flush pipes of four closets, pavilion 5; waste pipes and sewer pipes of general dining-room; sewer pipes of pavilion 3, north hospital.

Connected.—Steam table, pavilion 1, steam pipes for hoisting engine on dock; pavilions A, C and E with hot water tank of pavilion 4.

CENTRAL ISLIP.

Pumped into tank, 33,014,250 gallons of water, average time daily consumed in pumping, eight hours and thirty minutes.

Discharged, 27,790,735 gallons of sewage water, average time daily consumed in pumping, three hours and thirty minutes.

New Work.—Ten gauge glasses fitted up, 8 discs put on valves of boilers, put flange unions on boilers, fitted up radiator in A 2, new drip pipe to exhaust on pump, connecting trap with steam heater in A 1, 2, 3, radiator fitted up in D 2, sections for radiators fitted up in F dining room, fitted up steam pipe to stable, nipples on boilers, gasket on hot water boiler, fitted up blow off cock for steam boiler to feed pump, connecting new boiler in kitchen, driving wells, siphon fitted up in pump pit, covering section pipe at motor house, also fitting up "tell tale" on engine, steam gauge and hangers under steam pipe on boilers.

Repairs, etc.—Removing old smoke stack, covering main steam pipes of boiler house with canvas and felt, steam pipe on steam boiler, 120 valves, steam pipes, flange unions, radiators, connecting steam to hot water boiler in kitchen, guy rod on smoke stack, cutting and tapping holes in condensation tank in boiler house, hot water boilers, steam pump and pipes of same, feed pump, laundry engine, steam traps, pipe for feed pump, tea and coffee

Manhattan State Hospital—Annual Report

urns, caulking water tank, fire extinguishers examined and recharged, steam boilers cleaned, damper regulator, sewage pipes cleared, dampers on boilers, hand pumps, manholes.

Miscellaneous work.—Moving steam pipes from pit, feed pump from new pit to old one, connecting feed pump to new boilers, also supply, connecting steam to feed pump, removing cooking boiler in kitchen, painting iron girders, fixing new pump, connecting new boilers in kitchen, connecting steam siphon and hand pump, laundry engine painted, gear wheel on laundry washing machine repaired, fire hydrants tested, fixing trench for water pipes to new cottage, washing out boilers, arranging lubricators for steam pump.

PAINTING AND GLAZING.

In all departments of the hospital, the exteriors of buildings, the walls, floors, ceilings and wood work, carriages, fences, furniture and fixtures have been painted, oiled and varnished, and general repairs under this head, including glazing, have been attended to as far as possible,

MASON WORK.

Cement floors, foundations, piers, plastering and repairs generally, have been laid and made.

ELECTRICAL DEPARTMENT.

The necessary repairs to fixtures, the renewal of batteries, the extension of the telephone (local), and five alarm systems, the rewiring and other work have all been cared for.

FARM AND GARDEN PRODUCTS.

Apples, bushels.....	106
Asparagus, bushels.....	33
Beef, pounds.....	650
Beets, bushels.....	1,389
Beet greens, bushels.....	140
Beans, string, bushels.....	563

Manhattan State Hospital—Annual Report

Beans, lima, bushels.....	67
Buckwheat, bushels.....	50
Cabbage, heads.....	35,578
Cabbage sprouts, bushels.....	25
Carrots, bushels.....	1,171
Cauliflower, heads.....	1,163
Celery, heads.....	661
Chicken, pounds.....	1,494
Citron, heads.....	290
Corn, sweet, ears.....	52,438
Corn, field, bushels.....	287
Corn fodder, tons.....	26
Cucumbers.....	13,172
Currants, quarts.....	352
Eggs, dozens.....	1,012
Egg plant, bunches.....	112
Grapes, pounds.....	650
Hay, tons.....	11
Kale, bushels.....	400
Kohl rabi, heads.....	133
Lamb, pounds.....	334
Lettuce, bunches.....	46,672
Lard, pounds.....	1,500
Leeks, bushels.....	595
Melons, water.....	1,202
Melons, musk.....	3,210
Milk, quarts.....	21,803
Onions, bushels.....	1,093
Parsnips, bushels.....	1,067
Parsley, bunches.....	433
Pears, bushels.....	4
Peas, bushels.....	120
Peppers, bushels.....	53
Pork, pounds.....	20,742
Potatoes, bushels.....	5,481

Manhattan State Hospital—Annual Report

Pumpkins	143
Radishes, bushels	625
Raspberries, quarts	126
Rhubarb, bunches	3,835
Rye, bushels	135
Spinach, bushels	799
Squash, barrels	441
Strawberries, quarts	6,015
Straw, rye, tons	13
Tomatoes, bushels	960
Tomatoes, strawberry, quarts	64
Turnips, bushels	2,782
Veal, pounds	443

Statement of the estimated value of the products of the farm and grounds, for the year ending September 30, 1897.

Fruits of all kinds	\$1,126 66
Vegetables of all kinds	18,204 11
Grain of all kinds	483 98
Milk of all kinds	951 57
Poultry of all kinds	25 41
Eggs	181 26
Lard	105 00
Tallow	
Dressed beef	45 50
Veal	35 44
Pork	2,074 20
Mutton	
Lamb	66 80
Cattle feed	568 00
Total	\$23,867 93

Manhattan State Hospital—Annual Report

FARM STOCK.

Horses	51
Cows, milch	16
Bulls	3
Boars	4
Calves, heifers	5
Calves, bulls	2
Hogs, fat	112
Hogs, breeding	4
Oxen	2
Sheep	17
Chickens	401

GENERAL INFORMATION DIRECTORY, MANHATTAN STATE HOSPITAL.

A. E. Macdonald, M. D. General Superintendent.

All official communications with regard to the Manhattan State Hospital should be addressed to the general superintendent.

Post-office address, Ward's Island, Station U, New York city.
Telephone No. 1696, Eighteenth street.

WARD'S ISLAND DIVISION.

FEMALE DEPARTMENT.

E. C. Dent, M. D. Medical Superintendent.

MALE DEPARTMENT.

Percy Bryant, M. D. Medical Superintendent.

Accessible by steamer from foot of East One Hundred and Sixteenth street, 1 p. m.

Visiting days, Mondays, Tuesdays, Fridays and Saturdays.

Visiting hours, 1 to 3 p. m.

Manhattan State Hospital—Annual Report

Post-office address, Ward's Island, station U, New York city.
Telephone No. 1696, Eighteenth street.

BLACKWELL'S ISLAND DIVISION.

(Branch of female department, Ward's Island.)

Accessible by steamer from foot of East One Hundred and Sixteenth street, 1 p. m., Thursdays.

Visiting day, Thursday.

Visiting hours, 1 to 3 p. m.

Telephone No. 1697 Eighteenth street.

HART'S ISLAND DIVISION.

J. T. W. Rowe, M. D.....Physician in Charge.

Post-office address, Hart's Island, Station Z, New York city.

Accessible by steamer from foot of East One Hundred and Sixteenth street, 1 p. m., Wednesdays.

Visiting day, Wednesday.

Visiting hours, 2 to 4 p. m.

FARM FOR THE INSANE, CENTRAL ISLIP, LONG ISLAND.

George A. Smith, M. D.....Medical Superintendent.

Accessible by trains on the Long Island Railway, Thirty-fourth street ferry to Long Island City station of Long Island Railway.

Telephone, 19 Islip. Telegraph, Central Islip, L. I. .

VISITING OF PATIENTS.

Extracts from Regulations.

"The medical superintendent shall regulate and determine the times at which patients may be visited by their friends; and no visitor shall be allowed to see a patient without his consent."

"Friends of patients will be allowed to see them when their condition admits of it, but each patient may only be visited once in two weeks, unless special permission is given by the medical

Manhattan State Hospital—Annual Report

superintendent, on account of the patient's illness, or for other sufficient reason."

"Visitors will not be admitted on Sundays, unless by special pass from the general superintendent or the medical superintendent, and then only from 1 p. m. to 3 p. m."

"Visitors are expressly forbidden to furnish money, wine, liquor or tobacco to any inmate of the hospital, or to deliver to, or receive from a patient, any letter, parcel or package, without the knowledge and permission of the medical superintendent."

"No attendant shall receive any perquisite or present from any patient, or friend of a patient, or sell to, or buy anything from a patient."

"The physicians attached to the hospital will attend in the offices at the usual visiting hours, and will cheerfully and fully answer all questions addressed to them, as to the condition and prospects of the different patients. Friends of patients are requested to apply to the physicians for information, and not the attendants, who are not qualified to judge of such matters. Letters of inquiry should be addressed to the medical superintendent, and will be promptly answered."

"Friends of patients should give notice of any change of residence, in order that they may be notified without delay in the event of the patient's death."

"Visits from others than relatives of patients will only be permitted when satisfactory evidence is presented that such visits have the sanction of the patient's nearest relative."

"Visits from committees of lodges or benevolent societies, made with the view of testing a patient's sanity, will on no account be permitted. The medical superintendent will certify as to the patient's condition whenever such certification is needed."

"Visitors of all kinds must first apply at the office of the medical superintendent, and are forbidden to enter the wards or other parts of the hospital buildings in any other way."

Manhattan State Hospital—Annual Report

ADMISSIONS.

The following rules must be observed in the removal of patients to the Manhattan State Hospital:

1. Patients must be in a condition of bodily cleanliness.
2. Patients must be provided with the following:
 - (a) One full suit of underclothing.
 - (b) One full suit of outerclothing, including head wear, boots or shoes.

Between the last day of October and the last day of March there shall be provided, in addition to the foregoing, a suitable overcoat for men patients and a suitable shawl or cloak for women patients; also gloves. Considering the great danger, always present, of the introduction of contagious or infectious diseases into institutions where large numbers of people are congregated, and to avoid, as far as possible, the introduction of such diseases by means of wearing apparel, the clothing referred to above must, in all cases, be new.

CORRESPONDENCE OF PATIENTS.

Each patient is permitted to write to some relative or friend once in two weeks, and oftener, if necessary, in the discretion of the medical superintendent. In the case of patients unable from any cause to write, the medical superintendent directs some proper person to write for such patients at suitable intervals, if they so desire.

All letters are forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage is furnished by the hospital.

Letters detained for the reasons stated above are forwarded at once to the office of the State Commission in Lunacy.

Letters addressed to the Governor, Attorney-General, judges of courts of record, district attorneys or the State Commissioners in Lunacy are forwarded at once without examination.

FOURTH ANNUAL REPORT

OF THE

Collins State Homeopathic Hospital

AT GOWANDA, NEW YORK,

For the Year 1897

CHAPTER 41

Fourth Annual Report of the Collins State Homeopathic Hospital, at Gowanda, N. Y.

NEW YORK CITY, October 15, 1897.

To T. E. MCGARR, *Secretary State Commission in Lunacy:*

Sir.—I have the honor to transmit to you the fourth annual report of the Collins State Homeopathic hospital, and beg that you will present the same to the State Commission in Lunacy.

WM. TOD HELMUTH,

President.

Collins State Homeopathic Hospital—Annual Report

BOARD OF MANAGERS.

WILLIAM TOD HELMUTH, M. D., LL. D. . . . New York City, N. Y.
 SIDNEY F. WILCOX, A. M., M. D. New York City, N. Y.
 ASA STONE COUCH, A. M., M. D., M. H. D. . . . Fredonia, N. Y.
 EDWIN H. WOLCOTT, M. D. Rochester, N. Y.
 FRANK D. ORMES, M. D. Jamestown, N. Y.
 GEORGE W. SEYMOUR, M. D. Westfield, N. Y.
 FRED. J. BLACKMON, Esq. Gowanda, N. Y.

OFFICERS.

WILLIAM TOD HELMUTH President
 FRANK D. ORMES Vice-President
 FRED. J. BLACKMON Secretary-Treasurer
 ASA STONE COUCH
 EDWIN H. WOLCOTT } Executive Committee
 FRED. J. BLACKMON }

Collins State Homeopathic Hospital—Annual Report

REPORT OF THE MANAGERS

To the State Commission in Lunacy, Albany, N. Y.:

Gentlemen.—Pursuant to the provisions of section 33 of chapter 545 of the Laws of 1896, the board of managers of the Collins State Homeopathic hospital makes the following report relative to said hospital for the year ending September 30, 1897, being the fourth annual report since the creation of the hospital, under chapter 707 of the Laws of 1894, the provisions of which were subsequently incorporated into chapter 545 of the Laws of 1896, and above referred to.

By virtue of chapter 545 of the Laws of 1896, the board of managers at that time, consisting of Dr. William Tod Helmuth, Dr. Asa Stone Couch and Fred J. Blackmon, was legislated out of office, and by the provisions of such act the board was increased to seven. The Governor was authorized and directed by such act to appoint a new board consisting of seven members to take office on the first day of January, 1897, and in pursuance thereof the Governor duly appointed as members of said board,

William Tod Helmuth of the city of New York.

Asa Stone Couch, of Fredonia, N. Y.

Sidney F. Wilcox, of the city of New York.

Edwin H. Wolcott, of the city of Rochester.

Frank D. Ormes, of the city of Jamestown.

George W. Seymour, of Westfield, N. Y.

Fred J. Blackmon, of Gowanda, N. Y.

BUILDINGS.

With the appropriation of \$25,000 made by the Legislature in 1895, and the allotment of \$100,000 made by your honorable Commission in 1896 to the hospital, the board has constructed and completed a 20-inch sewer from the hospital to the Cattaraugus creek, at an actual cost of \$13,267.50.

In August, 1896, the board awarded to Grattan & Jennings a contract for the building of an administration building, a one-

Collins State Homeopathic Hospital—Annual Report

story annex and connecting corridor, and a hospital wing, according to plans and specifications made by August C. Esenwein, architect.

It has also awarded to Irlbacker & Sons, of Buffalo, N. Y., a contract for the heating and ventilating, and to Hurley & Stygall, of Buffalo, N. Y., a contract for the plumbing, and to the F. P. Little Co. a contract for electric lighting of said buildings, all according to plans and specifications prepared as above specified.

The contracts thus awarded have been fully performed, and the buildings erected and equipped according to said plans and specifications, and have been accepted by the board from said contractors on behalf of the State.

It is with pleasure that the board reports that the contracts have, in every instance, been fulfilled by the respective contractors to the letter and spirit of the same, and the hospital, and State, are to be congratulated in securing the erection and equipment of the buildings as specified, in a thorough and substantial manner, and the board is constrained to add that it commends the judgment and discretion exercised by the board in the awarding of such contracts. The plumbing is worthy of special mention, and may well serve as a model for other State institutions.

The buildings, while not imposing, owing to the legal restrictions as to their cost per capita for the patients capable of being cared for, are yet substantial, and in keeping with the dignity of the State. The superior internal qualifications, with the latest and most approved sanitary devices, make the hospital so far as developed quite the equal, if not the superior, of any hospital in the State, and a continuance of the same policy in the erection of future buildings will inure to the credit and effectiveness of the hospital and most nearly meet the expectations of the homeopathic school, and will prove a source of pride and satisfaction to the State.

In April of the present year your honorable Commission apportioned to the use of the hospital, \$150,000 for additional build-

Collins State Homeopathic Hospital—Annual Report

ings, and the equipping of the present ones, and the board has caused to be prepared plans and specifications for the erection of a power house and a water tower, which have been approved, and bids for the erection of the same have been asked and proposals offered, and a contract for the erection of the same will soon be made.

The board also has had prepared plans and specifications for the erection of an additional hospital wing, which are now being printed, and it anticipates in the near future the awarding of a contract for the erection of the same.

It has also awarded a contract for the furnishing of three Fitzgibbons boilers for the power house mentioned herein.

It also has under way specifications for the equipping and furnishing of the present buildings for the reception and care of patients.

POINT OF COMMUNICATION.

The board, at a meeting held on the 22d day of April last, designated "Gowanda, N. Y.," as the point of communication for the hospital, upon the ground that Gowanda is a place of considerable pretensions, with fair hotel accommodations, stores, churches, good schools, a complete system of sanitary sewerage, gravity water works, electric lights, fire department, and electric fire alarm system, local and long distance telephones. Both telephones have been extended to the hospital and offer ample local and distant communication with the hospital.

The board has also had under advisement the feasibility of asking the Legislature to change the name of the hospital, viz.: the name "Collins" to some other suitable name. The name "Collins" signifies nothing beyond the fact that the hospital is situated in the township of Collins. In the near vicinity are places known as Collins Center and North Collins, and some confusion has arisen on that account. No decisive conclusions, however, have been reached by the board.

Collins State Homeopathic Hospital—Annual Report

VISITATIONS.

The board has held the necessary meetings during the year to properly transact the business and perform the duties devolving upon it, and has visited the farm on several occasions, and the executive committee has had numerous meetings and frequent communications relative to the affairs of the hospital.

Aside from the regular and casual visits of the members of the board of managers to the hospital, the members of your honorable body have made visitations and inspections — Commissioners Wise and Parkhurst in May, and Commissioners Brown and Parkhurst early in October. Numerous other persons interested in the hospital have visited it from time to time.

FARM.

The farm has been conducted during the year as heretofore, and numerous improvements made. The farm buildings, including the farm house and cottage, have been repaired and painted, and made suitable for hospital employees.

The crops have been fairly good. The hay crop has been exceptionally large. There have been harvested about 600 tons of hay; 1,500 bushels of oats; 800 bushels of potatoes; 25 bushels of beans; 100 bushels of buckwheat and about 10 acres of corn. The report of the farmer is hereto appended.

RECOMMENDATIONS.

The board also reports and recommends, as it did in its last annual report, that provision should be made in the early future for the improvement of the grounds and highways; the setting out of a small vineyard, and planting of small deciduous fruits, to the end that the hospital may have the benefits thereof as early as possible after it receives patients; that provision should be made for the erection of an associate dining room, bakery, kitchen, and laundry, and equipping of the same.

In the last annual report the board recommended as worthy of serious consideration, the drilling of a well for the purpose

Collins State Homeopathic Hospital—Annual Report

of securing gas for fuel, and it refers to said report, and still believes that the indications are sufficiently strong to warrant such a test being made, particularly after the power house is erected, and boilers furnished, when power for the drilling could be furnished and drilling done at a very small cost to the State.

Subjoined is a detailed statement of the receipts and disbursements during the fiscal year ending September 30, 1897.

All of which is respectfully submitted.

Dated October 15, 1897.

WM. TOD HELMUTH,
President.

REPORT OF FARMER.

To the Board of Managers of the Collins State Homeopathic Hospital:

Gentlemen.—As farmer of the Collins State Homeopathic Hospital, I submit the following report of the work accomplished upon the farm since I took charge, on June 1, 1897.

On taking charge I found the spring work nearly completed and in a satisfactory manner. I have employed during the summer five men by the month, who, with myself, have done all the work upon this 500-acre farm, with the exception of a limited extra force in haying.

The following has been accomplished during the summer:

June.—Putting in oats and buckwheat, planting potatoes, corn and beans, working upon the highways, repairing barns and fences, and haying.

July.—Haying, hoeing corn, potatoes and beans, shipping old stock of hay and moving grain from old barn to granary.

August.—Haying, cutting oats, stacking hay and grain, threshing, etc.

September.—Cutting second crop of hay, cutting buckwheat and corn, pulling beans, digging potatoes.

Collins State Homeopathic Hospital—Annual Report

The hay crop was very large, in the neighborhood of 600 tons having been harvested, all in first-class condition. There being no stock upon the farm, I have arranged for baling the hay for market.

I most seriously recommend for your attention the advisability of purchasing stock to eat up the coarse fodder, at least that which has been harvested, and thus get some return by way of manure for that which has been taken from the farm. Beyond that I am advised that a dairy is likely to be needed in the near future for the hospital. The practice of cutting hay and taking other crops from the farm, without feeding out the same on the farm, if carried on too long, will result disastrously to the future usefulness of the farm.

The oat crop, owing to dry weather in the spring and wet weather at harvest time, was not entirely a success. Fifteen hundred bushels, however, were threshed.

There have also been harvested 800 bushels of potatoes; 25 bushels of beans; 100 bushels of buckwheat and about 10 acres of corn. A garden was also started in the spring, but when it was discovered that the same would not be needed for hospital use, work was arrested to a considerable extent, and the products of the garden disposed of as far as possible, and the balance preserved.

Respectfully submitted,

G. R. BLACKMON,

Farmer.

Dated, October 1, 1897.

Collins State Homeopathic Hospital—Annual Report

REPORT OF THE TREASURER

To the Board of Managers of the Collins State Homeopathic Hospital:

The following is a detailed statement of receipts and disbursements for the fiscal year ending September 30, 1897:

FOR PURCHASE OF STOCK.

Balance on hand September 30, 1896.....	\$17 30
---	---------

Disbursements.

Paid Frank M. Davis, for goods.....	\$4 80
Paid Mently & Press, for goods.....	3 40
Paid John Kammerer, for goods.....	55
Paid John H. Wilson, for goods.....	6 55
Paid H. R. Wilber, for goods.....	2 00
	<hr/>
	17 30

FOR PHOSPHATES AND MANURES.

Receipts.

Balance on hand September 30, 1896.....	\$19 17
---	---------

Disbursements.

Paid John Wilson, for goods.....	\$8 67
Paid Allen Steves, labor.....	10 50
	<hr/>
	19 17

FOR FENCES, AND MATERIALS FOR FENCES.

Receipts.

Balance on hand September 30, 1896.....	\$2 37
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Disbursements.

Paid John Kammerer, for goods.....	\$2 37
	<hr/>
	2 37

Collins State Homeopathic Hospital—Annual Report

FOR SEWERS, TILE AND EXCAVATION THEREFOR.

Receipts.

Received from State treasury.....	\$1,727 90
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Disbursements.

Paid Grattan & Jennings, contractors..	\$1,727 90
	<hr/>
	1,727 90

FOR DRAINAGE AND DRAINAGE MATERIAL.

Receipts.

Balance on hand September 30, 1896.....	\$150 11
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Disbursements.

Balance on hand September 30, 1897.....	150 11
---	--------

FARM FUND.

Receipts.

Received from products of the farm.....	\$1,901 54
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Disbursements.

Paid F. L. Mattocks, for postage stamps.	\$10 00
Paid C. S. Phelps, for goods.....	3 55
Paid M. E. Wilber, for goods.....	4 88
Paid F. G. Shepard, veterinary surgeon..	7 00
Paid T. T. Clark, for goods.....	3 25
Paid Becker Bros., for goods.....	14 58
Paid Jacob Westine, for labor.....	4 80
Paid Arnold & Wallace, for goods.....	33 75
Paid Carl Thomberg, for labor.....	13 85
Paid Andrew Rolfe, for labor.....	11 25
Paid George Wiser, for labor.....	31 37
Paid John Boegel, for labor.....	7 88
Paid Fred C. Davis, for labor.....	6 67
Paid Fred J. Blackmon, for disburse- ments	108 64
Paid Soule & Russell, for lumber.....	51 49

Collins State Homeopathic Hospital—Annual Report

Paid Herbert Catlin, for labor.....	\$7 50	
Paid John Kammerer, for goods.....	75 85	
Paid Asa Stone Couch, for disburse- ments.	97 10	
Paid Francis M. Brown, for bailing hay..	246 56	
Paid Gowanda Ag'l Works, for weigh- ing.	1 80	
Paid P. H. Horton, apple barrels.....	13 20	
Paid A. J. Richardson, for thrashing....	58 56	
Paid J. E. VanDeusen, for phosphites and plaster	437 25	
Paid L. L. Hathaway, for goods and seeds.	181 17	
Paid F. J. Herdeg, for buggy.....	50 00	
Paid Caywood & Stickle, for hay press..	240 00	
Paid H. R. Wilber, for goods.....	4 00	
		<hr/>
		\$1,725 95
Balance on hand September 30, 1897.....		<hr/>
		\$175 59
		<hr/>

GENERAL FUND.

Receipts.

Amount on hand September 30, 1896.....	\$1 27
Received from the State treasury.....	153,549 27
	<hr/>
Total receipts.....	\$153,550 54

Disbursements.

Paid Fred J. Blackmon.....	\$1,525 45
Paid John A. Schoos.....	103 34
Paid P. H. Horton.....	5 00
Paid M. E. Wilber.....	6 05
Paid John Reynolds.....	8 64
Paid Cornelius Hurdley.....	9 00
Paid Gane R. Blackmon.....	3 00

Collins State Homeopathic Hospital—Annual Report

Paid Fred Behrns.....	\$3 00
Paid Fred Johnson.....	1 50
Paid George Wilcox.....	75
Paid Frank Hawkins.....	10 12
Paid Charles Hawkins.....	13 80
Paid Fred Walden.....	23 92
Paid Michael Steves.....	23 92
Paid Gane R. Blackmon.....	31 20
Paid Fred Behrns.....	27 90
Paid Fred Johnson.....	6 00
Paid Jacob Brown.....	3 00
Paid Carl Wilber.....	3 00
Paid Fred Lewis.....	20 85
Paid Herbert Catlin.....	2 25
Paid Jacob Smith.....	3 00
Paid Buffalo Courier.....	6 25
Paid Buffalo Express.....	7 25
Paid Spencer Camp.....	75
Paid James Wilcox.....	75
Paid Owen Moss.....	6 00
Paid Utica State Hospital.....	3 00
Paid John Kammerer.....	13 59
Paid J. E. Van Deusen.....	21 00
Paid Allen Steves.....	1 13
Paid Reuben Tarbox.....	8 25
Paid Grattan & Jennings.....	1,212 85
Paid Fred J. Blackmon.....	125 00
Weed Parsons Printing Co.....	83 00
Paid Soule & Russell.....	45 00
Paid Guthrie & Rockwood.....	515 35
Paid Leonard Bridges.....	3 60
Paid Grattan & Jennings.....	29,844 25
Paid August C. Esenwein.....	1,755 54
Paid Gane Blackmon.....	10 20
Paid John A. Schoos.....	99 54

Collins State Homeopathic Hospital—Annual Report

Paid Wm. R. Smallwood.....	\$12 00
Paid Frank Hawkins.....	23 92
Paid Fred Walden.....	10 12
Paid Michael Steves.....	23 00
Paid Fred Behrns.....	31 27
Paid Fred Lewis.....	28 27
Paid Herbert Catlin.....	20 70
Paid Owen Moss.....	5 70
Paid Carl Thornburg.....	13 65
Paid Clarence Hall.....	1 65
Paid Leonard Bridges.....	1 50
Paid W. Woodward.....	1 50
Paid Reuben Tarbox.....	3 00
Paid Lucas Studley.....	3 00
Paid Wm. Pratt.....	30
Paid Simon Wright.....	5 40
Paid John Glezon.....	5 40
Paid M. E. Wilbur Co.....	3 75
Paid Fred J. Blackmon	125 00
Paid Utica State Hospital.....	3 00
Paid John A. Schoos.....	81 54
Paid Fred Walden	21 16
Paid Fred J. Blackmon.....	125 00
Paid Michael Steves	16 56
Paid Fred Behrns.....	10 50
Paid Grattan & Jennings.....	21,398 00
Paid August C. Esenwein.....	1,258 70
Paid Allen Steves.....	11 25
Paid F. L. Mattocks.....	4 00
Paid French & Dobbin.....	140 15
Paid Utica State Hospital.....	53 50
Paid Joseph Thompson.....	1 80
Paid Utica State Hospital.....	7 50
Paid George Blinbry.....	12 00
Paid F. L. Mattocks.....	4 00

Collins State Homeopathic Hospital—Annual Report

Paid Michael Steves.....	\$6 44
Paid Aug. C. Esenwein.....	985 76
Paid Grattan & Jennings.....	20,731 50
Paid Hurley & Stygall.....	637 50
Paid Fred Walden	8 97
Paid Fred Behrns.....	5 55
Paid James Wilcox.....	16 53
Paid Allen Steves.....	3 00
Paid Fred J. Blackmon.....	25 00
Paid Fred J. Blackmon.....	125 00
Paid John A. Schoos.....	73 34
Paid Joseph Thompson.....	11 95
Paid John Studley.....	5 55
Paid Mrs. Jacob Smith.....	1 50
Paid Guthrie & Rockwood.....	22 60
Paid Edwin H. Wolcott.....	7 36
Paid F. L. Mattocks.....	4 00
Paid Fred J. Blackmon.....	8 75
Paid Fred J. Blackmon.....	125 00
Paid Grattan & Jennings.....	4,720 90
Paid Fred Behrns.....	3 00
Paid Fred Walden.....	17 25
Paid John Lawson.....	3 00
Paid Jerome Parks.....	6 00
Paid John A. Schoos.....	73 34
Paid Edwin H. Wolcott.....	19 75
Paid S. L. Stebbins.....	2 00
Paid J. Blackmon.....	26 42
Paid Fred J. Blackmon.....	26 42
Paid Fred J. Blackmon.....	125 00
Paid William Tod Helmuth.....	112 35
Paid Utica State Hospital.....	34 00
Paid Asa Stone Couch.....	83 68
Paid Grattan & Jennings.....	4,224 50
Paid The F. P. Jones Co.....	297 50

Collins State Homeopathic Hospital—Annual Report

Paid Irlbacker & Sons.....	\$2,125 00
Paid F. L. Mattocks.....	4 00
Paid John A. Schoos.....	67 34
Paid Andrew Blue.....	1 20
Paid Fred Johnson.....	15 00
Paid Lewis Johnson.....	1 50
Paid Jerome Parks.....	6 75
Paid Allen Steves.....	12 75
Paid Fred Behrns.....	1 50
Paid Uri Clark.....	1 50
Paid Fred Walden.....	11 04
Paid Alexander Shepard.....	3 00
Paid Jacob Smith.....	1 50
Paid Michael Metcalf.....	1 50
Paid John Glezen.....	6 00
Paid Edwin H. Wolcott.....	13 66
Paid Fred J. Blackmon.....	25 55
Paid Fred J. Blackmon.....	125 00
Paid F. L. Mattocks.....	4 00
Paid John A. Schoos.....	92 99
Paid Fred Johnson.....	18 63
Paid Frank Whalen.....	10 69
Paid Fred Walden.....	6 21
Paid John Stevens.....	4 50
Paid Allen Bros.....	3 70
Paid John Kammerer.....	19 50
Paid F. C. Frost.....	42 40
Paid Alexander Shepard.....	75
Paid James Edwards.....	11 85
Paid Wm. Scramm.....	4 50
Paid Allen Steves.....	75
Paid Guthrie & Rockwood.....	94 00
Paid Grattan & Jennings.....	3,080 85
Paid The F. P. Jones Co.....	468 00
Paid Hurley & Stygall.....	1,445 00

Collins State Homeopathic Hospital—Annual Report

Paid Irlbacker & Sons.....	\$3,875 00
Paid O. W. Clark & Sons.....	15 00
Paid Christ. Andrews.....	75
Paid Grattan & Jennings.....	4,727 69
Paid Grattan & Jennings.....	3,306 05
Paid O. W. Clark & Son.....	1 04
Paid F. L. Mattocks.....	6 00
Paid Fred J. Blackmon.....	5 90
Paid S. L. Stebbins.....	2 50
Paid Fred J. Blackmon.....	125 00
Paid W. R. Smallwood.....	40 00
Paid William Tod Helmuth.....	45 75
Paid Sidney F. Wilcox.....	41 75
Paid Edwin H. Wolcott.....	14 81
Paid George Allen.....	55 43
Paid John A. Schoos.....	103 34
Paid Fred Walden.....	24 38
Paid Fred Johnson.....	24 38
Paid Frank Whalen.....	29 63
Paid James Edwards.....	36 00
Paid Fred Behrns.....	5 10
Paid John Stevens.....	1 50
Paid Michael Ryan.....	1 50
Paid Owen Moss.....	12 00
Paid Simon Wright.....	9 30
Paid Herbert Catlin.....	1 50
Paid William Youngs.....	22 26
Paid Joseph Thompson.....	6 00
Paid Soule & Russell.....	4 50
Paid N. S. Stelley.....	23 00
Paid George Allen.....	291 67
Paid John Kammerer.....	46 20
Paid L. L. Hathaway.....	9 61
Paid Irlbacker & Sons.....	800 00
Paid John A. Schoos.....	45 00

Collins State Homeopathic Hospital—Annual Report

Paid Taylor & Kimble.....	\$10 03
Paid Arnold & Wallace.....	21 41
Paid Ritz & Stoddard.....	18 00
Paid Daisy E. Pomeroy.....	7 00
Paid Christ. Stetzer.....	12 00
Paid D. E. Morgan, Son & Allen....	862 44
Paid Fred B. Walden.....	25 52
Paid Aug. Werner.....	22 65
Paid Grattan & Jennings.....	4,624 00
Paid Hurley & Stygall.....	4,505 00
Paid the F. P. Jones Co.....	170 00
Paid Grattan & Jennings.....	277 40
Paid Clara E. Delaney.....	10 00
Paid Thos. Moors.....	13 00
Paid D. L. Stage.....	6 00
Paid Bagley & Co.....	58 00
Paid F. Clark.....	10 23
Paid George Moore.....	16 65
Paid Fred Behrns.....	3 75
Paid Chas. Taft.....	4 43
Paid A. D. Bridges.....	90
Paid Frank Whalen.....	31 75
Paid Fred Allen.....	28 85
Paid William Youngs.....	43 26
Paid Fred Johnson.....	36 75
Paid James Edwards.....	65 20
Paid M. Gorman.....	24 00
Paid Gane R. Blackmon.....	110 00
Paid Fred Walden.....	39 28
Paid Fred Johnson.....	57 84
Paid Geo. B. Moore.....	29 25
Paid Fred Bentley.....	7 35
Paid James Edwards.....	91 25
Paid Frank Whalen.....	63 00
Paid Wm. Wright.....	19 50

Collins State Homeopathic Hospital—Annual Report

Paid Fred Allen.....	\$25 62
Paid D. J. Law.....	29 85
Paid E. O. Abbott.....	5 25
Paid Wm. H. Young.....	82 57
Paid Aug. C. Esenwein.....	271 24
Paid Aug. C. Esenwein.....	2,257 05
Paid Grattan & Jennings.....	19,431 70
Paid Grattan & Jennings.....	1,000 00
Paid the F. P. Jones Co.....	234 00
Paid J. E. Van Deusen.....	5 40
Paid F. L. Mattocks.....	6 00
Paid Joseph Thompson.....	90
Paid N. S. Stelley.....	35
Paid M. Gorman.....	9 00
Paid Daisey E. Pomeroy.....	10 00
Paid S. L. Stebbins.....	4 00
Paid F. J. Blackmon.....	72 89
Paid Lee George.....	2 91
Paid Geo. W. Colman.....	43 15
Paid John Kammerer.....	9 05
Paid Wynkoop, Hallenbeck & Co...	2 50
Paid Wm. Youngs.....	10 44
Paid John Glezen.....	3 00
Paid Simon Wright.....	3 00
Paid Fred Bentley.....	22 05
Paid Fred Johnson.....	30 00
Paid L. L. Hathaway.....	30
Paid L. L. Hathaway.....	2 25
Paid R. Standing.....	1 50
Paid M. E. Wilber & Co.....	4 45
Paid Andrew Kloker.....	2 25
Paid M. E. Wilber & Co.....	1 20
Paid James Costin.....	3 00
Paid Peter Weber.....	6 50
Paid W. Farnsworth.....	1 50

Collins State Homeopathic Hospital—Annual Report

Paid Wm. Pratt.....	\$1 50	
Paid Fred Behrns.....	12 75	
Paid L. Bridges.....	2 25	
Paid John Henry.....	2 25	
Paid Soule & Russell.....	16 74	
Paid Soule & Russell.....	55 07	
Paid George Waite.....	21 15	
Paid George B. Moore.....	13 50	
Paid George Krebbs.....	18 00	
Paid Lester F. Stearns.....	300 00	
Paid Utica State Hospital.....	32 50	
Paid Hurley & Stygall.....	3,748 50	
Paid William Paul Gerhart.....	70 27	
Paid Ritz & Stoddard.....	76 05	
Paid Louisa Proctor.....	60 00	
Paid G. R. Blackmon.....	55 00	
Paid James Edwards.....	48 50	
Paid Chas. E. Pike.....	16 00	
Paid Chas. E. Pike.....	12 00	
Paid Frank Whalen.....	30 00	
Paid Fred Walden.....	26 68	
Paid George Moore.....	26 85	
Paid Fred Allen.....	27 84	
Paid John Wilson.....	47 30	
Paid F. J. Blackmon.....	500 00	
Paid George Allen.....	57 87	
Paid Edwin H. Wolcott.....	72 52	
Paid Grattan & Jennings.....	19 70	
Paid Asa Stone Couch.....	98 34	
Paid Clara E. Delaney.....	8 00	
	<hr/>	153,537 91
Balance on hand September 30, 1897.....		<hr/> <hr/> \$12 63

FRED. J. BLACKMON,
Treasurer.

FIFTH ANNUAL REPORT
OF THE
State Charities Aid Association
TO THE
STATE COMMISSION IN LUNACY

CHAPTER 42

Fifth Annual Report of the State Charities
Aid Association

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MRS. WILLIAM B. RICE.....	Vice-President.
HON. CHARLES S. FAIRCHILD.....	Treasurer.
MRS. HENRY OOTHOUT.....	Librarian.
MR. HOMER FOLKS.....	Secretary.
MISS MARY VIDA CLARK.....	Assistant Secretary.

BOARD OF MANAGERS.—1897-1898.

MISS HELEN C. BUTLER.
MR. GEORGE F. CANFIELD.
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MISS LOUISA LEE SCHUYLER.
DR. GEORGE G. WHEELOCK.
MR. ALFRED T. WHITE.

COMMITTEE ON THE INSANE.

MISS LOUISA LEE SCHUYLER, *Chairman*.
PROF. CHARLES F. CHANDLER.
DR. CHARLES HITCHCOCK.

REPORT

November 1, 1897.

To the State Commission in Lunacy:

The State Charities Aid Association hereby submits its fifth annual report to the State Commission in Lunacy.

During the fall months of 1897 the assistant secretary of the association visited all the State hospitals,* with the exception of the Matteawan State Hospital for Insane Criminals, and the Collins State Homeopathic Hospital, which is not yet open for the reception of patients.

We desire to express to the officers of the ten State hospitals visited by us our appreciation of the courteous attention everywhere shown to the representative of the association. Every facility was afforded to enable our visitor to make a thorough inspection, and to become familiar with the details of the management of the institutions. In every case the visit was unannounced, and was not expected by the officers of the hospital. Yet they cheerfully gave their time to showing and explaining the workings of the various departments.

The general impression received from a tour of the State hospitals is gratifying. To those familiar with the method of caring

* The number of insane persons in institutions in the State on October 1, 1897, was 21,683, distributed as follows:

Utica State Hospital.....	999
Willard State Hospital.....	2,259
Hudson River State Hospital.....	1,651
Middletown State Hospital.....	1,175
Buffalo State Hospital.....	1,353
Binghamton State Hospital.....	1,336
St. Lawrence State Hospital.....	1,371
Rochester State Hospital.....	523
Long Island State Hospital.....	2,716
Manhattan State Hospital.....	6,946
Matteawan State Hospital.....	632
Total.....	20,843
In private institutions.....	840
Total.....	21,683

This is an increase of 814 patients over the preceding year. The increase during the year in the number of patients in the State hospital system is 806.

State Charities Aid Association—Annual Report

for the insane in poorhouses and poorhouse asylums the accommodation and care of all the dependent insane in State hospitals, as at present conducted, is an immense advance over the old system. The buildings in which the insane now live are, with some exceptions, well adapted to their needs; their food is well cooked and nourishing, their clothing comfortable and often tasteful; increased attention is paid to their moral treatment; there is everywhere an effort to surround them with a homelike environment, to instruct, amuse and employ them. The life of the insane is becoming more and more like that of normal individuals and less like that of prisoners or paupers.

A few of the features which are common to a number of the State hospitals, and such recommendations as we have to make regarding them, are here taken up apart from the special reports on the different hospitals visited.

Nursing.

No department of the hospital service is more important than the nursing department. Training schools are now required by law to be established in all the State hospitals. It is encouraging to observe the movement of these schools towards uniformity, and their gradual approach to the standards and methods of training schools in general hospitals. This tendency is largely due to the efforts of the committee of the hospital superintendents on training schools, and further progress in the direction noted will doubtless be made as a result of the future work of this committee.

A uniform course of study for all hospital schools is prescribed by the committee, and a uniform examination held at the end of the two years' course, which must be passed by every applicant for a diploma. A more recent requirement is a uniform entrance examination, and we are informed that the committee has lately recommended that every pupil should have the advantage of three months' training in a hospital ward of a State hospital as a part of the course. This is a most desirable advance, but owing to the poor equipment of some of the State hospitals

State Charities Aid Association—Annual Report

for affording such training, we fear that it will be difficult, if not impossible, to enforce this rule in all the hospitals.

The standard of the different schools is being raised as rapidly perhaps as their character permits; but although the course marked out for class work is practically the same for all hospitals, the training in the wards differs to such an extent that in some hospitals the actual preparation of the nurses for their work is much better than in others. Some schools seem to be so excellent as to compare favorably with general hospital training schools. Instruction in ward work and clinical instruction are as well developed as the lecture and recitation system. No pupil can take the final examination offered by the training school committee until he or she has had experience in a hospital ward and a reception ward, in the care of different classes of patients in disturbed and quiet wards, and has served a definite length of time in the diet kitchen, the dispensary, the operating room, etc. In other schools, while it is generally "intended" that pupils should have experience in the care of different kinds of patients, it is often found that in reality they remain during the whole course in the same ward, and if changed from one service to another they owe the change to chance, rather than to the plan of the officers in charge to give them a thorough and varied experience. At one of the hospitals a "charge nurse" (corresponding to a head nurse in a general hospital), a graduate of the training school, said that she had spent the entire five years since she entered the service of the hospital in a single cottage for twenty convalescent or quiet chronic women. This is not an isolated case, but representative of the lack of system in ward training to be found in many of the State hospital training schools. It may be well for a nurse, after graduation, to be employed permanently in caring for the class of patients for which he or she shows special aptitude, but it is most desirable that every nurse, when graduated, should have had practical experience in caring for all classes of patients, and should have mastered all the branches of clinical and ward work

State Charities Aid Association—Annual Report

as well as class work, which properly belong to the course of training for such a profession.

Perhaps the greatest obstacle to uniformity in the standard of the various schools is the difference in the class of men and women employed in the different hospitals. The Manhattan and Long Island State Hospitals are obliged, under the present schedule of wages, to employ for the most part as attendants, men and women of the class of domestic servants, many of them immigrants of little education. In the northern and western parts of the State the class of young men and women attracted to the State hospital service is somewhat the same class as in New York city enters the general hospital training schools. The inferiority of the attendants in the two largest hospitals is doubtless partly due to the fact that intelligent young people in the city are attracted to the schools at the general hospitals, and partly to the uniform schedule of wages, which, while undoubtedly of great benefit to the State hospital system in general, results in a lowering of the rate of wages in a great city beyond the average payment for the kind of service required, and in the consequent deterioration of the service through the employment of less capable persons. This is perhaps an instance of carrying uniformity too far. The opportunity for neglect and petty cruelty is so great in an institution for the insane, where the complaints of the patients are so often the result of illusions that it is difficult to know when they are to be believed, that in no position is it more necessary that the care-taker should be a person of intelligence and good character.

The increase in the number of women nurses detailed to serve on men's wards is encouraging. We would recommend the extension of this system, especially to hospital wards. It should be a rule at all State hospitals, as it is now at some, that graduates of the training school should be in charge of hospital wards, and that graduate nurses should be chosen for this purpose who are especially capable not only in the nursing of the sick, but in

State Charities Aid Association—Annual Report

the training of pupil nurses. The sick in the State hospitals should certainly have care equal to that given to the dependent patients in our public and private general hospitals.

Food.

The quality and variety of the food served at all the State hospitals is markedly superior to the food at the county and city institutions visited by this association. Flour of the best quality is uniformly used and the bread is everywhere good. The best method of baking was found at the farm for the insane at Central Islip, where it is baked in small round loaves in irons invented by the medical superintendent. It is to be hoped that this method will be introduced at other State hospitals. The creamery butter used at all the hospitals is very satisfactory. The beef is of high grade. In fact, all the staple articles seem to be almost uniformly excellent.

The serving of food is a matter which demands attention. We are heartily in favor of the recommendation of your honorable Commission that patients should be seated before the food is served. The system of putting the food on the table before the patients are summoned results in much of the food becoming cold before it is eaten. The food is generally brought in large quantities to the dining-rooms from a central kitchen, and loses in the course of this often long journey a considerable quantity of its heat, and cannot be further allowed to cool without becoming unappetizing. In some hospitals the system of seating the patients first has been introduced, and has worked so satisfactorily that it might with advantage be adopted in all hospitals.

Clothing.

While the clothing of the patients is adapted to the season and is sufficient in quantity and of fairly good quality, more attention should be paid to securing a greater variety. At some hospitals each patient is provided with a "best" suit or dress which he or she can wear on Sundays and holidays and for entertainments.

State Charities Aid Association—Annual Report

This custom might well be adopted at all hospitals. At most hospitals each patient has his or her own clothing marked with a number, but in some places the clothing is used indiscriminately; this is not considered by us a desirable arrangement. Greater attention to individual taste in dress would doubtless do much to develop the self-respect of patients, and would give them a wholesome pride in their personal appearance which might assist in their improvement or cure.

Plumbing.

We would recommend that the plumbing of all the State hospitals be tested at regular intervals by an experienced plumber or sanitary expert to make sure that there is no escape of sewer gas or defect of any kind.

Dentist and Oculist.

While most of the State hospitals now employ regularly both a dentist and an oculist, some still employ only one and one hospital employs neither. It would seem advisable that each State hospital should be obliged to employ regularly both a dentist and an oculist.

Additional Women Physicians.

We would recommend the employment of two additional women physicians for the Manhattan State Hospital and one additional for the Long Island State Hospital, in order that each division of these State hospitals may have the services of a woman physician. The Ward's and Hart's Island divisions of the Manhattan State Hospital now have each a woman physician, but the Blackwell's Island division where there are 850 women shares the services of the woman physician who lives on Ward's Island, where there are about 1,450 women. At the Central Islip division of the Manhattan State Hospital there is no woman doctor for the 300 women patients. The Long Island State Hospital has a woman physician at the Brooklyn department, but the

State Charities Aid Association—Annual Report

Kings Park department, where there are more than 700 women, has no woman on its staff. Medical supervision of the bathing of women patients, which is so desirable, is not possible where there is no woman doctor, and the gynecological work ordinarily assigned to the woman physician must either be performed by the other doctors or be left undone.

UTICA STATE HOSPITAL.

The Utica State Hospital, the oldest in the State, is situated on the outskirts of the city of Utica. It has a capacity for 1,000 patients. The hospital was visited by the assistant secretary on April 1st and on September 15th.

This hospital provides for the employment of its patients in mechanical occupations to a greater extent than any other hospital in the State. The medical superintendent has so great confidence in the curative effect on the patients of regular occupation, that every effort is made to supply as great a quantity and variety as possible. As a consequence, there have been located at this hospital several industries supplying the entire State hospital system. Much of the printing and bookbinding for the State Commission in Lunacy and the different State hospitals is done at Utica. The hospital has been recently allowed the privilege of grinding the coffee and spices for all the hospitals. Other industries carried on in this hospital alone are button making, comb making, and stocking making.

The proportion of patients regularly occupied is said to be about 60 per cent. This does not include, however, those who work in the wards for a half hour or an hour every day, but only those who work to a considerable extent, generally for a half or a whole day. As the percentages given in other hospitals generally include those who do anything at all, this number cannot be compared with the numbers quoted elsewhere. For patients for

State Charities Aid Association—Annual Report

whom there seems to be little suitable employment, methods of work are devised with considerable ingenuity.

The working hours are not fixed but are from about 9 to 12 and 2 to 5. Few women patients work steadily week after week. The ward records show what each patient does each day, and if a woman appears to have worked regularly for a week or two she is given a little vacation, or if a patient seems to be getting tired she is sent out to exercise instead.

The hospital has long felt the need of land on which the patients could be employed at farm work. The hospital owns only 200 acres, and most of this has been kept in the form of lawns and groves. Last March the hospital took a three years' lease of a farm of 160 acres located in a suburb of Utica. There is an old farm house on the place where twenty patients can be accommodated in summer and somewhat fewer in winter. A manager and two attendants live with the patients and direct their work. At the time of the April visit from the central office the farm colony was being started. On the second visit it had been in operation for six months. It has proved a great success, both financially and as a means of improving the condition of the patients. The potato crop alone has brought enough to pay the rent. It is hoped that the hospital may be allowed to buy the farm before the expiration of the lease. The farm cottage is conducted on the "open door" system, an arrangement by which patients can go in and out at will, so far as is consistent with their safety. In the main building there are four open door wards, containing about 120 patients.

In summer practically the whole hospital population seems to spend the greater part of the time out of doors. The rule as to exercise seems to be followed with a system not so noticeable at most other hospitals. In fine weather in summer the patients who are not at work spend two or three hours out of doors both morning and afternoon. In winter all who are able take a daily walk of about two miles, which occupies nearly an hour. The amount of exercise taken is not dependent upon the convenience

State Charities Aid Association—Annual Report

of the attendant or the whim of the patient. At a certain hour the wards are practically emptied of patients, only those being left who are infirm, sick or very violent. The dormitories and day rooms are thoroughly aired while their occupants sit or walk about the grounds. The quiet and the slightly disturbed women go on the beautiful lawns, where there are swings and seats, flower beds and shade trees. Those who can be trusted are allowed to walk in the garden, and groups of patients are taken through the fine greenhouses. The disturbed women, who are taken out as much as the quiet, if not more, roam about a large, grassy yard which is inclosed and keeps them from straying away, but is so spacious and so filled with trees as to have an open appearance. The wards opening into this yard have roomy piazzas where patients can sit. The able-bodied men are taken to "the woods," about a quarter of a mile away from the buildings. The feeble men sit in a pleasant airing court, surrounded by piazzas. Here they can sit in the sun on the grass and be protected from the wind. The infirmary, occupied by the old and infirm of both sexes, has large piazzas on which the patients who are unable to walk out of doors can get the air. It is said that the patients enjoy being out of doors, and in cold weather the quiet patients are more likely to be restless and the disturbed more noisy.

There is a library of a few hundred volumes, pianos in some of the wards, a shuffle board and small games on the men's side. A baseball team, composed of employes, with occasionally a few patients, plays a weekly game in summer on the ball ground. There is a band, composed of employes, which plays irregularly in the wards. The band practices every week or two in the wards so that the patients can get the benefit of hearing it as frequently as possible; it plays for the weekly dance in winter.

The appearance of most of the wards is very cheerful. The quiet wards are pleasantly furnished with pictures, rugs, flowers, plants, birds, easy chairs, pianos, etc. The disturbed wards have pictures and rocking chairs and, in winter, plants. The one-story infirmary has a large, light day room, with pictures and plaster

State Charities Aid Association—Annual Report

casts on the walls, comfortable seats, a fire-place and long, low windows opening on the roomy piazzas. At the ends of some of the women's wards are small sun-rooms with growing plants, birds, tables and other attractive furniture. On the best wards there are generally strips of carpeting on the polished floor, but elsewhere the floors are left bare. Carpeting does much to furnish a room, and it would add to the home-like appearance of the hospital if more carpeting were used. The polished floors are slippery and would seem to be hard for the feeble patients to walk on. Some of the patients might be set to making strips of rag carpeting which, while homely, gives an appearance of comfort and warmth. The wards of the Long Island State Hospital are furnished with such carpeting made by patients. At the St. Lawrence and the Buffalo State Hospitals a large amount of handsome carpeting is supplied, but this, while it improves the appearance of the wards and removes the difficulty of walking on polished floors, does not, perhaps, please the patients more than the humbler rag carpeting, which is doubtless associated in the minds of many of them with the simple homes from which they came.

The proportion of single bed rooms to ward dormitories is unusually large. Single rooms prevail in all parts of the hospital, and the few dormitories are small. The dining-rooms are all congregate, each one accommodating patients from three wards, from 100 to 150. A few of the tables have oil cloth instead of linen table cloths, but no agate ware was seen, except a few cups and pitchers in the infirmary, which are being replaced by china as they are broken.

The bathing of patients is greatly facilitated by the well-equipped bath-house where a whole ward can be bathed at the same time. Removing the bathing from the wards does away with a great deal of trouble and confusion, and lightens the work of the nurses. A man and wife are in charge of the bath-house and bathe all patients, the man attending to the male patients half the week, and the woman to the female patients the other

State Charities Aid Association—Annual Report

three days. It is said that some object, at first, to this somewhat promiscuous bathing, but all seem to like it after the first experience. Offending the feelings of sensitive patients should certainly be guarded against, and an arrangement of this sort is particularly liable to be abused if the attendants become hardened to it and neglect to regard the feelings of exceptional individuals. Patients who prefer to bathe alone and can be trusted to do so are allowed to use the tubs on the wards. Infirmary patients, also, are bathed in tubs on their wards.

There are two pleasant reception wards at the top of the main building where recent cases are treated, but it is felt that better accommodation for acute cases is needed, preferably in two cottages, one accommodating twenty men and the other twenty women, where would be concentrated the best nursing service, and where special medical attention, special diet, and the best possible care and treatment in every way would be given. No expense should be spared in providing means for curing these acute cases, and improvements needed for this class of patients should take precedence of all others. We recommend the building of these reception cottages at an early date.

Another building needed is a nurses' home. The administration building of the infirmary is used for this purpose and provides excellent accommodation for twenty women. The nurses in the main building should be given equally comfortable quarters, and a building for forty is very desirable.

Women are employed in men's dining rooms, and there is one woman nurse on one of the best of the men's wards. The men's side has gained by this arrangement. The character and intelligence of the nurses appear to be of satisfactory grade, and the training school is one of the best features of the hospital.

WILLARD STATE HOSPITAL.

The Willard State Hospital, situated at Willard, Seneca county, was visited September 30th. This hospital presents the pleasing and unusual characteristic of a population somewhat smaller than its capacity. The capacity is 2,270, and it is not considered desirable to accommodate so large a number of patients in the institution, so the daily average population is kept down to about 2,200.

Most of the buildings at Willard are so old and were originally so cheaply constructed that there seems to be a great need for general repairing and in part even reconstruction. The plumbing and ventilation seem particularly defective. The detached buildings and infirmaries are light and cheerful and on the whole well furnished, but the main building seems somewhat dark and gloomy, and is not sufficiently well furnished to offset this disadvantage.

We would recommend the enlargement of the window space so far as possible, the addition of sun-rooms and piazzas, and an improvement in the ward furniture. The hospital has been unfortunate in having no greenhouses, but it is understood that one is in process of erection this fall. Nothing adds more to the cheerful appearance of a ward than a liberal supply of growing plants, and no occupation is more congenial to certain patients than work in the greenhouse. In this connection we would recommend setting apart a small plot of ground for a patients' flower garden, where some of the more trustworthy patients who are unable to do much regular work could have individual beds and cultivate their own flowers to keep or give away as they please. To encourage a sense of proprietorship even in a flower bed, giving patients the privilege of creating and disposing of property even if it is only a bunch of flowers, is a desirable form of so-called "moral treatment."

This hospital was formerly used as an asylum for the chronic insane, and a considerable proportion of the oldest and most in-

State Charities Aid Association—Annual Report

firm persons in the State, those who have been insane for the longest time, still remain here. The proportion of patients regularly employed, exercising, attending entertainments and religious services is consequently lower than in most other hospitals. Yet few hospitals seem better equipped in all these directions than Willard.

The proportion of patients regularly employed is about 55 per cent. The large farm and the shops employ most of the able-bodied men. In the new laundry, the largest in the State, and in the kitchen and on the wards both men and women work, and in the tailoring and sewing-rooms there are about 75 women. The number of working hours in most departments is from seven to eight a day. Notwithstanding the large number employed, there were many women on the wards, particularly the disturbed wards, who seemed to be of a class to be benefited by occupation. If the number of industries is not sufficient to occupy all the patients who are capable of being employed, we would recommend introducing other employments, for instance, the manufacture of rag carpeting to partly cover the now bare and somewhat slippery hard wood floors.

The usual rule as to exercise is followed here. Patients who are able are taken out daily all the year round, and in summer all except the bed patients sit out on the piazzas and the grounds. The day of the visit was bright and warm. At the infirmaries and the detached buildings, groups of patients were noticed sitting about on benches and chairs on the piazzas and on the grass. One of the disturbed wards from the main building was apparently settled for the afternoon on one of the lawns bordering the central avenue.

There is a well equipped and conveniently situated theatre. Hadley hall, which has a seating capacity of about 1,000. The hospital band, composed of employes, plays twice a week in summer and once a week in winter, besides furnishing music for the weekly dance. The hospital's steam yacht, Nautilus, takes pleasure parties on Seneca lake, carrying from 50 to 70 persons at

State Charities Aid Association—Annual Report

once and averaging two daily trips twice a week during the summer. The hospital ball team plays weekly on the excellent athletic field, and here is held the annual tournament in which employes and patients share both as performers and spectators. The maximum attendance at entertainments was reached on the annual field day this year, when about half the patients witnessed the sports. The smallest proportion of patients attending entertainments is, of course, to be found in the infirmaries which, besides containing the weakest and oldest patients, are farthest from Hadley hall. Of the 270 infirmary women about 20 attend entertainments, and of the 200 men, 10 to 15. The school for patients is a pleasant feature. Here 22 convalescent and quiet chronic patients were seen, who, under the direction of an able teacher, seemed to be much diverted and aroused by the matches in reading, spelling and mental arithmetic, the nature talks and other exercises.

HUDSON RIVER STATE HOSPITAL.

The Hudson River State Hospital, situated near the city of Poughkeepsie, was visited September 2d and 3d. The capacity of the hospital is 1,460, and at the date of the visit the census was 1,627.

The overcrowded condition of the hospital will be relieved with the completion of the buildings now in process of erection, which are expected to be ready for occupation about the beginning of the year 1898. These buildings are a dormitory for 300 men and a congregate dining-room section for women. The greatest need of the hospital in the line of new buildings seems to be the enlargement of the kitchen and the laundry in the main group, both of which seem now too small.

The Hudson River is one of the older State hospitals, and the construction of the main buildings where the women are accommodated, is so perfect an exemplification of the taste of the preceding generation for "imposing structures" that it presents

State Charities Aid Association—Annual Report

serious obstacles to a rearrangement on the more modern plan, which has for its object the securing of a homelike appearance both inside and out. The present medical superintendent, however, is so strongly in favor of placing the patients as far as practicable under normal conditions and making the hospital as much as possible like a home, that much has been done to improve the surroundings of the patients and to give interest and variety to their lives. The high ceilings and somewhat narrow corridors are unfavorable to a cheerful appearance, but in the quiet wards this disadvantage is counteracted by the attractive furniture, pictures, bric-a-brac, flowers, and birds. The disturbed wards, however, are somewhat unnecessarily bare, pictures on the walls and wooden benches and chairs being the only furniture. Agate ware is still used to some extent in the dining-rooms of these wards. The paint seemed to be scratched and the plaster torn on some of them, and the general appearance was rather cheerless. Opinions differ as to the extent to which disturbed patients can be trusted with good furniture, plants, etc. Where these advantages cannot be accorded, however, it seems desirable to make up for the deprivation by providing especially light and well-situated rooms. It would add much to the general appearance of the hospital if there could be more piazzas like the one now being built on the new building for women, or several of the enclosed balconies or open corridors like the so-called "ombra," or additional sitting-rooms like the one at present connected with a ward for suicidal and melancholy patients, a room two stories high with large windows on three sides.

The methods of moral treatment seem to be well developed. The "open door" system of treatment, a system by which patients in certain wards are allowed to go in and out at will, has been largely applied. This is in operation in one of the women's wards, in a building for men which contains 130 patients, and in the eight cottages for quiet chronic cases of the demented or epileptic class. As always where this system is practised to any extent there have been a few escapes, but patients who run away

State Charities Aid Association—Annual Report

are almost always found and brought back without accident, and the system has worked so well on the whole that the officers of the hospital are desirous of extending it. The window guards have not been removed to any extent, though in some wards they are of course unnecessary, and should be removed.

The proportion of patients daily employed in some useful occupation is from 68 to 70 per cent.; about 80 per cent. of those employed are chronic cases. The proportion of men employed is greater than the proportion of women, being no less than 80 per cent. A large number are engaged in farm work and road building, about 10 in the shoeshop, 10 in the brush and broom shop, from 13 to 16 in the mattress and mat shop, and 20 crushing stone. They work about seven hours a day. They are taught a trade if they do not know one, and are encouraged to work at it.

The women do much of the sewing, laundry, and ward work. They work generally seven hours a day, but there is no strict rule as to hours, and women are not urged to work more than half a day if they do not wish to. Some do no more than make their own beds and attend to their rooms. Patients are never forced, but they are encouraged, and even urged to work, and often some slight advantages, such as better rooms, are offered as incentives.

Much attention is paid to the entertainment of patients. The amusement hall, however, is too small, and is to be torn down and rebuilt on a larger scale. It has a capacity of only 500, and the entrance for women is through a corridor that is now, owing to the overcrowding, used as a dormitory. This building is used in winter for the weekly dance and other entertainments. In summer the pleasant out-door pavilion situated in a grove near the main building is used for entertainments, and the weekly dance has been recently continued through the summer in this pavilion. A baseball team composed of employes plays Saturday afternoons and the employes' band gives frequent musical performances. There is a library of about 600 volumes all neatly bound and catalogued and under the charge of the teacher, a

State Charities Aid Association—Annual Report

graduate of the Albany school. This teacher maintains a school for patients during the winter, attended by those whom the doctors think will be benefited by it. There are sometimes as many as 70 patients in the school; they are taught history, reading, arithmetic, calisthenics, etc., and are often much aroused and improved.

The standard of the training school is being raised by requiring the pupils to pass frequent and severe examinations.

The officers consider it important that there should be nurses' homes, and there is need for additional buildings for this purpose. The so-called nurses' home for men is a very pleasant and well arranged building of recent date, accommodating 50, but it is occupied almost exclusively by employes other than nurses and attendants. A similar house for male attendants would be very desirable. On the women's side there is no separate home for any class of employes, but the third story of the new congregate dining room section is being fitted up for the accommodation of about 30 of the women nurses, about half of the total number employed. Although not so good as a separate building, this arrangement will at least give the nurses a home off the wards, and is a commendable provision.

The medical superintendent favors placing women nurses on men's wards, though in his opinion great care should be taken in the selection of such attendants. This plan will probably be followed more extensively in the new building for men than has been practicable in the older buildings because of their distance from the quarters for women.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

This hospital, situated in the outskirts of the city of Middletown, was visited September 1st. There is at present considerable overcrowding. With a capacity of 1,050, the hospital is accommodating a population of over 1,200. The 150 patients for whom there is properly no room are scattered through the differ-

State Charities Aid Association—Annual Report

ent departments. In many cases three patients are put in rooms intended for two, and many of the sitting rooms have been converted into dormitories; in one day-room block, seven of the eight rooms are so used. It is probable that this overcrowding will be relieved when the Collins State Homeopathic Hospital is open for the reception of patients. The buildings seem to be in very good condition and have an attractive and homelike appearance both inside and out.

The proportion of patients working and exercising, attending entertainments and religious services is smaller than in other State hospitals, because so many more are subjected to the so-called "rest-cure" and kept in bed. Just how large was the proportion of patients undergoing this treatment was not ascertained. Except in the wards for quiet chronic cases it seemed to be about 50 per cent. The effect of the application of this theory is seen particularly in the small number of patients engaged in work. The proportion of patients thus occupied is 25 per cent., while in other State hospitals it is from 45 to 80 per cent. Most of the farm work, the house work and the sewing is done by paid employees.

The facilities for the entertainment of patients include an admirable amusement hall seating 600 and provided with good scenery and lighting arrangements, a library of about 1,200 volumes, patronized by about 150 of the patients, and pianos, billiard tables and other games on the quiet wards. The hospital band and baseball team found elsewhere are, however, absent here, and the "Conglomerate," a paper formerly published by the patients, has been discontinued. As the patients were attached to this paper it seems unfortunate that it should have been necessary to give it up. We would suggest that a small printing press might be procured and the patients allowed to print as well as edit their paper.

The entertainments consist of the usual weekly dance and an average of one dramatic or other entertainment a week. Owing to the absence of a band among the employees, one is occasionally

State Charities Aid Association—Annual Report

hired from Middletown. In view of the popularity at other State hospitals of bands composed of employes, and in view of the greater economy of enabling the hospital to furnish its own music, it would seem desirable to organize a band at this hospital.

In pleasant weather the patients spend most of their time out of doors, going out for about two hours both morning and afternoon, and on long days again in the evening. Indoors most of the women sew, read and do fancy work; the men read and play games.

A particularly pleasant feature is the two cottages for women, built about six years ago, accommodating 20 patients each. They are conducted on the "open-door" plan, and are for the best class of quiet, chronic or convalescent patients.

This hospital is more completely arranged on the ward system than the other State hospitals, where the tendency seems to be towards the congregate plan. Not only has each ward its own sitting and dining room, but most of the wards have a hospital department contiguous to the convalescent department. The advantage of this arrangement is considered to be that patients can go from one department to the other as changes in their condition require, without feeling that they are going to a strange place.

As the superintendent of this hospital lays much stress on the idea that the patients are ill and should be put to bed and treated as if they were ill, much attention is paid to the diet. The quality and variety of the food seemed excellent. Five different kinds of bread were seen, all well baked and of the best materials. The superintendent is a great believer in milk and a very large quantity is furnished.

A training school for nurses has been in operation since 1888; 55 of the nurses have passed the examination offered by the special committee of hospital superintendents on training schools in State hospitals. The experiment of putting women nurses on men's wards, which has proved so successful elsewhere, has not

State Charities Aid Association—Annual Report

been tried here, except in one of the men's dining rooms, where a man and his wife are employed. Considering the number of bed patients in this hospital who require nursing as well as supervision, it would seem that women nurses might be used on men's wards with especial advantage. In State hospital as in general hospital training schools the women are generally superior in intellect and character to the men, and should be entrusted with the most important service.

The hospital is fortunate in being provided with two nurses' homes, one for men and one for women, accommodating from 30 to 35 each, where some of the nurses can find rest and relaxation away from the wards.

BUFFALO STATE HOSPITAL.

The Buffalo State Hospital, situated on the outskirts of the city of Buffalo, was visited October 7th. There was considerable overcrowding, but it was expected that this would be done away with when the new infirmary is completed. This is a two-story building for 350 patients; it was nearly finished when visited. The central portion of the infirmary is to be used for a reception hospital where new cases will be received and acute cases kept until they become either convalescent or chronic. The wings are for the old and feeble. This building will raise the capacity of the hospital to about 1,450.

This number seems somewhat greater than can receive proper treatment at a hospital with so little land. There are 183 acres on the place, and about one-third of the land is under cultivation. In its proximity to a growing city and the small amount of its cultivated land this hospital resembles the Utica State Hospital and should be enabled to increase its opportunities for the employment of patients in somewhat similar ways, that is, by the acquisition of a farm where patients can be colonized and by the further development of industrial occupations. About 60 per cent. of the patients are said to be employed, but this includes

State Charities Aid Association—Annual Report

all who do anything at all, even those who push a floor-polisher over the hard wood floors, a simple form of employment which is not generally included when such percentages are made up. The usual occupations are carried on here, broom, brush, mat, mattress and shoe making, tailoring, sewing, laundry, kitchen, dining room and ward work, and work on the grounds and the gardens, in the greenhouse and about the buildings. The most desirable method of increasng the amount of work for men would probably be to provide work on a farm. The work for women might be increased out of doors by allowing them to cultivate flowers; and indoors more of them might be employed in laundry work. The dresses are sent to the wards rough dried, and the patients complain of this. If the laundry cannot be enlarged to accommodate more than 35 women now employed there, electric flat-irons might be introduced on the wards and the patients allowed to iron their own dresses, as is done at the St. Lawrence State Hospital.

The number of apparently able-bodied patients noticed on the wards indicates that the hospital has not been able to fully carry out its wishes with regard to employment. It is perhaps partly due to this lack of occupation that an unusual number of patients seemed to be very much disturbed. Mechanical restraint of disturbed patients seems to be used at Buffalo to a greater extent than at most of the State hospitals. Of the 1,240 patients in the hospital on the date of the visit from our office, four women and seven men were in seclusion, most of them under protection sheets or in camisoles.

The general appearance of the wards is attractive. Especial mention should be made of the large amount of carpeting on the halls. The strips of carpeting are wide and add warmth and comfort. A pleasant and home-like feature is the open fire-places on the wards, in which fires had been lighted, as it was a chilly day, and the steam had not been turned on. Plants are provided only during the winter and had not been brought in on October 7th. As the out-of-door life is somewhat limited by the smallness of the grounds and the nearness of the hospital to the city,

State Charities Aid Association—Annual Report

it would seem desirable that plants should be furnished all the year round.

The room used as an amusement hall is not only small, accommodating only about 400, but it is on the fourth floor and is reached by a long flight of winding stairs without landings, so that it is practically inaccessible to a large proportion of the patients. It is also poorly ventilated and heated. There is no band or orchestra among the employes, and music is hired from the city. There is a school for women patients which is attended by about thirty patients.

As the day of the visit was wet few patients were out of doors, but many were sitting or walking on the porches. In pleasant weather in summer they are kept out most of the day, and throughout the year they exercise both morning and afternoon. On the previous day 550 women out of 720 in the hospital had been out for exercise. There is a ball ground on the hospital grounds which is open to players from the city on Saturday afternoons, and the patients enjoy watching the games. There is no regular baseball team among the employes or patients, but teams are sometimes made up, composed of both patients and employes.

Women are employed in men's dining rooms, but not on men's wards. There is a cottage for about thirty of the women nurses, but most of the nurses and attendants sleep in rooms off the wards. Another and larger cottage is needed for the nurses. If a new amusement hall is built the plan might be considered of converting into nurses' quarters the space on the fourth floor, now occupied by the hall. This would afford a somewhat unsatisfactory home for the nurses as compared with a cottage, but it would be even more undesirable for patients' dormitories.

BINGHAMTON STATE HOSPITAL.

The Binghamton State Hospital, situated near the city of Binghamton, was visited September 28th. The hospital seemed very much crowded. The capacity is 1,302 and the census was 1,350, but the overcrowding appeared to be greater than the difference between these figures would indicate. The crowding was particularly noticeable in the reception wards, where such a condition is most undesirable. In the day-room portion of the women's reception ward, which is simply a windowed recess in the hall, several beds were piled, which are set up for the use of patients at night. Both this ward and the women's hospital ward beneath it are poorly furnished and somewhat cheerless. As these are the two classes of wards where pleasant surroundings are particularly desirable it seems especially unfortunate that they should be among the least attractive in the hospital. We would recommend the enlargement of the wing containing the reception and hospital wards and the refurnishing of them in as tasteful and homelike a style as is warranted by the class of patients occupying them. That the managers and the medical superintendent of the hospital are alive to the need for improvement in these wards is evident from their repeated request for an appropriation for a sun-room two stories in height in connection with the wards.

The best way to secure the needed increase in the capacity of the hospital would be to build a nurses' home for the accommodation of the nurses and attendants who now live in rooms off the wards. A small cottage occupied by the steward is given up to the night nurses, but there is no suitable provision for the day nurses.

One of the most striking and gratifying characteristics of this hospital is its extensive application of the "parole" and "open door" systems, by which the patients are allowed the greatest amount of personal liberty consistent with safety. It was stated that the number of open-door wards is thirteen and that these

State Charities Aid Association—Annual Report

represent from three to four hundred patients. The terms of the parole differ in different cases, some patients being at liberty to go about unattended only on the piazzas and grounds surrounding the buildings in which they live; others can go about at will anywhere within the grounds, while still others can go outside the grounds and even visit the city. Patients occasionally run away, but these escapes are infrequent, and the patients are almost always found and brought back without having suffered any injury. Many cures are considered directly attributable to the policy of trusting to the honor of patients and allowing them, when it is possible, some relief from the constant surveillance which to many is such an irritation as to be a hindrance to recovery. In no instance has this freedom resulted in undesirable intimacy between men and women patients.

Another very attractive feature at Binghamton is the group of three farm cottages and the life of the patients occupying them. The farm is a mile and a half from "the hill" where the main part of the hospital is located. The cottages seem to be about a quarter of a mile apart, and are in most respects independent. Two of them are for men and one for women, and together they accommodate about 100 patients. The men work on the farm and the women do their own housework and the men's mending. The cottages are on the "open door" plan, and the life is as nearly as possible like that of ordinary country people. The patients enjoy the farm life, and at the women's cottage frequent changes are made in the personnel of the family, women on "the hill" often being brought to the farm for a week or so, while women at the farm are given the variety and excitement of a visit to "the hill." The patients often ask the physicians to give them this change. There is need at the farm for some adequate protection of the buildings against fire. The cottages are of wood, and except for buckets of water in the halls are entirely unprotected.

A pleasing variety has been introduced in the main group of buildings by painting a cream color the connected cottages for

State Charities Aid Association—Annual Report

women in the east group and the north building for men. The east group has the attractive appearance of a row of three private houses of colonial architecture. The north building for men is equally attractive both inside and out, except for the very great defect that the large infirmary on the second floor is used also as a dining-room, and men eat at one end of the room while the sick lie in bed at the other. It was said that in the summer the men eat on the broad piazza outside. If these men cannot be provided with a separate dining-room it would seem desirable that this piazza should be enclosed in glass during the winter and heated, so that the men could continue to use it as a dining-room. This is done successfully in connection with one of the congregate dining-rooms at the Rochester State Hospital.

The south and west buildings for the chronic disturbed and demented women are comfortable, but perhaps not sufficiently well furnished. They are all, however, provided with pictures and some plants. The number of disturbed patients at this hospital appeared to be unusually large, and it seems possible that this is owing to a lack of sufficient employment for this class of patients. The proportion of patients, in all departments, employed daily in some useful occupation, is only about 45 per cent. We would recommend the finding of some occupation for a greater number of those inclined to be disturbed, as a vent for excitement and destructive tendencies. There is out of door work for men on the farm and indoor work for them in the manufacture of shoes, brushes, brooms, etc. The women are supplied with indoor work in the laundry and the sewing-room, but seem to lack out of door employment. The hospital has two good greenhouses, but seems to have almost no flower beds, and we would recommend that some of the women be allowed to cultivate little beds of their own during the summer. Hospitals in this and other states have been visited where such work is provided for trustworthy women patients and adds much to their happiness and well being.

ST. LAWRENCE STATE HOSPITAL.

The St. Lawrence State Hospital is situated on the St. Lawrence river about three miles from the city of Ogdensburg. Its census on October 1, 1897, was 1,371, of which 706 were men and 665 women.

The hospital was visited September 12th and 13th. Being the most recently constructed of all the hospitals in this State, it embodies the most advanced opinions as to the style of architecture suited to the needs of such an institution, and in its scientific equipment and ward furnishing it is considered to be representative of the most progressive views as regards both the medical and the moral treatment of insanity. It compares favorably with any institution of the kind in the world.

The attractive two-story buildings, with bright, airy, well-furnished day rooms below and dormitories above, which allow the patients to continue during their stay in the hospital the habit formed at home of going up stairs to bed and coming down for the day, the beautiful sun-rooms for convalescents, furnished with easy chairs, growing plants, flowers and song birds, the roomy piazzas covered with vines, the one-story infirmaries for the feeble and demented—these and similar features give to the hospital a cheerful and homelike appearance that must in itself have a marked effect on the mental condition of many of the inmates.

Pictures and flowers are supplied for all classes of patients. The extensive use of strips of carpeting in corridors and wards relieves the appearance of bareness so common in large institutions, and the carpeting is more comfortable to walk on than the hard wood floors. The disturbed wards have an unusually bright and cheerful appearance. In one ward occupied by some of the most disturbed patients, the large day room has opening from it two smaller sitting rooms, one of which is tastefully furnished, supplied with growing plants, and kept for those patients who are only occasionally disturbed; the other, a bright and airy room, is left entirely bare, except for a number of heavy benches, and here the

State Charities Aid Association—Annual Report

few very disturbed patients remain during their periods of excitement. This provision seems most humane, and, an evidence of a sincere desire to give each patient the individual treatment which suits his special case, and which is made difficult by the necessary classification of patients into groups and the natural tendency towards uniformity in the treatment of patients in the same ward. Other evidences of this individual treatment were noticed. Patients who are refined in their taste and will take good care of nice furniture are given especially attractive single rooms furnished like chambers in a private house. In the building for chronic patients of the poorhouse class, patients inclined to be restless at night sleep in beds separated from others in the same dormitory by wooden partitions between the beds, reaching part way to the ceiling. The same attention to details was seen in the dining rooms, where all tables have table cloths, and no agate, tin, or other nonbreakable material is used in place of the ordinary china.

The arrangements for receiving and treating recent and acute cases of insanity are unusually complete. The newcomer, instead of being received and interviewed in an office, is taken to a small, prettily furnished sitting room, where the physician talks with the patient in a friendly way and endeavors to get the desired information as to the character and antecedents of the case without embarrassing and frightening the individual. The patient is then taken to a ward in one of the two hospital sections, where he or she is kept in bed for at least a week. The best nursing service is centralized in these hospitals. An accurate and detailed medical record is kept of each patient, including temperature, pulse, urinalysis, medicine, food, etc., and the patient's mental condition, his actions and conversation are also carefully observed and recorded. To these hospitals are sent also all cases of ordinary sickness occurring among the patients. The hospital wards are beautiful, bright, airy rooms with flowers, birds, and nice furniture. After having been at least a week or as much longer as seems desirable in one of these hospital wards, the

State Charities Aid Association—Annual Report

patient is transferred to the ward to which he seems to belong and there continues to receive special attention for as long a time as the case requires, in curable cases for the entire period of residence in the hospital.

The so-called "open-door" and "parole" systems are in extensive use at this hospital. The medical superintendent stated that 15 per cent. of the patients enjoy a system of parole, by which they are allowed greater or less freedom in going about unattended, some being permitted to go about within the limits of the grounds, while others can go outside the grounds and even visit the city. There are several "open-door" wards in the main building, where the doors are left unlocked and patients can go in and out at will; the garden cottage, occupied by seventy-two quiet, chronic men, is entirely on this system, as will be also the new farm cottage now being built. Very few of the windows on the first floor of the buildings are guarded, apparently only those in sleeping rooms.

About 70 per cent. of the patients are daily employed, some only for an hour or two, others all day. The disturbed are employed, but not those who are violent. Patients work in the wards, on the farm, and in the barns and shops. The seventy-two men in the garden cottage work in the very extensive vegetable garden, which provides the hospital with vegetables, and when the new farm cottage is completed, those working in the barns and on the farm will have a similar advantage in being near their work and allowed a considerable degree of freedom.

One of the newest buildings is the entertainment hall, a handsome little theatre with movable seats on the main floor, accommodating about 800. The number of patients attending entertainments is generally about 300; on special occasions more are gotten out. The regular Sunday preaching service was attended by the visitor. There seemed to be from two hundred to three hundred patients present. Apparently all classes are allowed to attend service, for many of those noticed were seen on the following day in wards for disturbed or epileptic cases. The patients

State Charities Aid Association—Annual Report

were comfortably dressed with considerable taste and variety. There is a patients' library, containing about 2,000 volumes; but few patients care to read anything but the local papers sent to them by friends.

There is a band among the employes which plays every week. There is a weekly baseball game in summer and a weekly dance in winter. This winter there is to be an afternoon dancing class conducted by an attendant who formerly taught dancing. The patients play tennis and croquet out of doors, and backgammon, checkers, billiards and other games in the house. There are a few pianos on the wards, enjoyed by patients who are musical.

The accommodations for the nurses and attendants at this hospital are admirable. For those employed in the central group there is a very beautiful nurses' home in a convenient location at the rear of the main building. This is the best building of the sort in the State and one of the handsomest buildings at this hospital. In the other groups, wings of the buildings are set apart for employes, so that although not under a separate roof, they are completely separated from the wards.

The training of the nurses appears to be of a high grade. It has been the rule in this hospital that all nurses, wherever employed, should serve for a time in the hospital wards, a rule which has been adopted by the training school committee of the hospital superintendents, and will be enforced at all hospitals. Only those attendants are encouraged to enter the school who are considered capable of becoming good nurses. The nurses noticed appeared to be of a high grade of intelligence and seemed very much like nurses in general hospital training schools.

Women nurses are employed with excellent results in the men's hospital wards and also in the men's dining-rooms.

State Charities Aid Association—Annual Report

ROCHESTER STATE HOSPITAL.

The Rochester State Hospital, situated on the outskirts of the city of Rochester, was visited October 2d. This institution has a capacity for only 450 patients. Its small size, together with the devotion of its officers to their work, results in a most commendable attention to details of management and to the individual treatment of the patients.

The four-story portions of the hospital occupied by the women, which formerly constituted the Monroe County Insane Asylum, as well as the new two-story wings for men, are attractive and homelike. The appearance of all wards is very cheerful. The most disturbed are furnished with tables, easy chairs, pictures, plants and flowers.

A few of the sanitary features are worthy of mention. The water sections for baths, closets, etc., are well planned and especially well kept. They are furnished with ventilating closets for brushes, pails, and similar articles used on the wards. These closets are air shafts, ventilated by windows on the sides, and fitted up with shelves of open iron work on which the articles to be aired are placed. This removes entirely from the bath-rooms the apparatus for cleaning the wards, which, unless elsewhere provided for, is likely to accumulate there in an untidy and unsanitary way. Most of the hospitals have some special provision for these articles, but nowhere is the system employed better than that at Rochester. In the bath-rooms, which are fitted up with both tubs and sprays, the patients are bathed twice a week, in accordance with the recommendation of the State Commission in Lunacy. One of these baths is a spray bath given at night and is said to take much less time than was expected. The experiment of bathing the patients regularly twice a week is considered in every way a success and will be continued. The rule recommended by the State Commission in Lunacy of leaving the beds unmade during the day is enforced in the men's dormitories. The mattresses are rolled up at one end of the bed and the blankets

State Charities Aid Association—Annual Report

and sheets are folded and laid at the other. This system of airing the beds all day is followed at most of the State hospitals where the dormitories can be shut off from the day-rooms, and the appearance of the wards is always orderly.

The usual custom as to taking patients out of doors twice a day is followed here. It is the aim of the medical superintendent to make the grounds in the rear of the building as attractive as those in front, since, owing to the nearness of the building to the street, the grounds used by patients are entirely in the rear. On the women's side the ground is already graded and turfed and makes a pleasant lawn, and the men's side is being arranged in the same way. In winter, patients are taken to drive when the weather permits, in a carriage belonging to the hospital.

The amusement hall, accommodating 250 patients, is somewhat inconveniently situated on the fourth floor. The religious services held here are attended by about 50 per cent. of the patients. At the weekly dance men and women patients are allowed to dance together, and this privilege is said to heighten the enjoyment of the patients. Both men and women have "best" suits and dresses to wear on Sundays and for entertainments. This feature adds much to the self-respect and comfort of the patients, and should be more generally the custom elsewhere. The opportunity afforded the patients, especially the women, for indulging their desire to present a neat and attractive appearance at the dances and other entertainments is doubtless a considerable element in their improvement and cure.

Every effort is made to employ every patient for whom occupation is considered beneficial, and no less than 75 per cent. of the patients are regularly employed. Disturbed cases work about as much as the quiet, as it is believed that employment provides a normal and healthful outlet for some of the energy that is otherwise expended in destructive and noisy ways. Care is taken that no patient should work who is unable and that no one should be overworked, and it is only on the order of a physician that a patient is given anything to do. The hospital has recently ac-

State Charities Aid Association—Annual Report

quired a farm in addition to the 36 acres on the place and now has 120 acres. The farm employs 60 men. Men work also on the grounds and in the shops, men and women in the laundry, the kitchen and on the wards, and women in the sewing-room.

No department of the hospital is more admirably conducted than the training school for nurses. The training is divided into three departments, class work, ward work, and clinical instruction. The matron, a graduate of a general hospital training school, and a woman of marked ability, is the superintendent of the training school, and she is assisted in all departments by the staff of physicians. It is not a matter of chance whether a nurse gets his or her entire training in a single ward or gains experience in various wards, nor is it simply "intended," as in some hospitals, that a change of service should be given during the course of training; but every pupil before being allowed to take the final examination and receive the diploma not only must have followed successfully the course of lectures and recitations, but also must have served one month in the diet kitchen, one month in the dispensary, one or two months in the operating-room, and as long a time as possible in the hospital ward. The applications for admission to the school are sufficient in number to make it possible to select only those who are well fitted for the work, and the character and intelligence of the pupils and nurses are of a very high order. In this hospital there is a woman nurse on every ward. The introduction of women on men's wards has resulted in a more home-like and attractive appearance of the wards and a better care of the patients.

It would seem to be very desirable that the capacity of this hospital should be increased, so that a larger number of patients would get the benefit of the high grade of care and treatment provided. The present medical staff is quite adequate for the care of a much larger number of patients than the hospital now contains. The ratio of physicians to patients is 1 to 98, while the average ratio in hospitals in this State, is 1 to 159. Whether

State Charities Aid Association—Annual Report

or not the present plan is carried out of buying the adjacent county property and using the buildings of the Monroe County Almshouse for the insane, still other buildings will be needed and should be started at once. The medical superintendent is especially desirous of having better accommodations for the sick, and for acute cases. These two needs might very well be met by a single building, where all patients would be received on admission, where acute cases would remain until they become either convalescent or practically chronic, and where the sick would be taken from the wards in the main building. Here could be given special medical attention, special nursing, special diet, and every effort could be made under the most favorable conditions to restore the patients to a condition of physical and mental soundness. The hospital is now handicapped by the construction and arrangement of its single building, and cannot give its acute patients the accommodation which it thinks desirable for such cases.

Another need is an industrial building. The men's workshops are in the basement of the men's wing and are crowded and unsuitable. The space occupied by them is needed for other purposes. The women's sewing room occupies what should be a ward day room.

For the high class of nurses and attendants employed at this hospital better quarters should be provided than the hospital has yet been able to give them. A ward on the fourth floor of the woman's side has been given up to women nurses, and the men nurses sleep in rooms opening from the men's day rooms. If two separate cottages could be provided for the nurses the rooms vacated in the hospital could advantageously be used for patients, and the nurses would get outside greater rest and relaxation than is possible when they must live in the building where they work.

State Charities Aid Association—Annual Report

LONG ISLAND STATE HOSPITAL.

The Long Island State Hospital is divided into two departments—the Brooklyn department comprising buildings at Flatbush in the suburbs of Brooklyn, and the Kings Park department situated at Kings Park, 45 miles from New York city, on the north shore of Long Island.

The Brooklyn department of the Long Island State Hospital was visited November 27th, and the Kings Park department November 30th. The 2,750 patients were almost equally divided between the two departments, there being about 100 more at Kings Park than at Brooklyn. The capacity of the hospital is 2,053, and of the excess population of 700 patients about 200 are located at Kings Park and 500 at Flatbush. The group of buildings now being erected at Kings Park planned to accommodate 940 patients will probably be completed next spring.

BROOKLYN DEPARTMENT.

As the law requires that the Flatbush property be vacated on or before October 1, 1905, it is futile to criticise the obsolete construction of the buildings of this department and to complain of the obstacles to proper care and treatment presented by the character of the accommodations. It is gratifying to see that notwithstanding these disadvantages, the efforts of the officers to provide the patients with a comfortable home have met with marked success, and the general appearance of the wards of these buildings is as cheerful and homelike as many wards for similar classes of patients in the best constructed hospitals in the State.

A pleasant feature in the furnishing is the extensive use of strips of rag carpeting manufactured by the patients and laid on the floors of all the wards, those for the disturbed and the demented as well as the quiet. This does much to give a warm and homelike appearance to the wards. White curtains at most of the windows, tables covered with cloths or mats, pictures and

State Charities Aid Association—Annual Report

plants, which are furnished on all wards, add to this desirable effect, while the easy chairs, pianos, flowers, birds, and aquariums for gold fish on wards for the most trustworthy patients show a great appreciation of the advantages of cheerful surroundings. In the dining rooms no agate ware is used except for serving dishes. The tables have white cloths, the usual china with individual butter plates, knives, forks and spoons. In some instances oil cloth is used, but it is generally put over the linen cloths, and so has the appearance of being merely a temporary makeshift.

The buildings are not yet fully provided with hair mattresses. The annex, for the old, feeble and demented women of the almshouse class, is furnished throughout with straw ticks, and there are still many left in the main building. These are being gradually replaced by hair mattresses. Considering the fact that there is not sufficient employment for the men, it would seem that a greater number might be set to work in the mattress shop.

Besides the heavier underclothing which is provided in winter, the women have winter dresses of a figured material similar to flannel which washes well and is neat and tasteful. The underclothing is made in three sizes and used somewhat indiscriminately. This is an undesirable relic of county care.

About 60 per cent. of the patients are employed in the garden, the shops, the kitchen, the laundry, and the wards. Owing to the smallness of the grounds there is not enough employment for the men, but with the increase in accommodations at Kings Park the transfer of patients from Flatbush will gradually remove the working patients to the Kings Park Farm. There are the usual mattress, mat, basket, brush, broom, tailoring and sewing departments, and the manufacture of rag carpeting is carried on to a considerable extent. Patients work about seven hours a day.

The entertainments consist of a weekly dance and an average of one other entertainment a week. The hall is in a small wooden building, which accommodates only two hundred, about

State Charities Aid Association—Annual Report

half the number of patients who could attend entertainments. At the weekly dances men and women patients are allowed to dance together, a privilege which adds to the pleasure of the patients, and gives them the self-respect that comes from being trusted.

In the training school there are about eighty-five pupils. The rule has not yet been introduced of requiring a definite term of service on a hospital ward, but it is being considered. Women are employed on men's wards to some extent. On each of two wards there is a man and wife in charge, and there are women in two of the ward dining rooms. The appearance of the wards where women are in charge is particularly home-like, with many evidences of thoughtfulness and taste in small matters of furnishing and care.

In the general appearance of the wards at Flatbush and in the character of both patients and employes there is a greater similarity to the hospitals in the country districts than to those connected with large cities.

KINGS PARK DEPARTMENT.

At Kings Park the hospital owns a farm of over 800 acres, with four groups of brick buildings and sixteen two-story wooden cottages. The buildings have a new and attractive appearance and are pleasantly, though as yet somewhat incompletely, furnished. The day rooms are homelike, with tables, easy chairs, curtains, plants and games. The long halls in the brick buildings, from which the single bed rooms open, are somewhat bare, especially in the men's buildings. There are no pictures on the walls. The hard wood floors are cold and slippery and would be much improved by being partly carpeted. Near the doors on the ground floor blankets were spread on the floor to prevent those coming from outside from scratching the wood. Rugs or carpeting which could be shaken would look better. If some of the rag carpeting manufactured at the Brooklyn department were sent to Kings Park it would serve the double purpose of improving the appear-

State Charities Aid Association—Annual Report

ance of the wards at Kings Park and giving work to patients at Flatbush.

Straw ticks are still used to a considerable extent. They are being replaced by mattresses, but not so rapidly as might be desired. The hair mattresses provided seem somewhat thin, and should be thickened as there is occasion to make them over. If the out-door work occupies so many men that there are not sufficient to do all the mattress making that is required, this work might be done at the Brooklyn department, where there is not so much employment as is desired. To provide for the overcrowding the buying of wooden folding beds is being considered. Wooden beds are undesirable and, if folding beds must be provided, iron ones should be chosen like those used in the new nurses' homes at the Manhattan State Hospital.

The dining rooms are profusely decorated with flowering plants. White table cloths are used everywhere and there is no agate ware. The food is brought from central kitchens through underground passages and is served in the large congregate dining rooms before the patients are seated. In order to avoid its becoming cold, it might better be served after the patients are seated. Workers and convalescent patients are given a greater variety of food than the chronic patients who do not work.

About 65 per cent. of the men and 45 per cent. of the women are regularly employed. There is plenty of agricultural work, in fact more than is needed for the present number of patients. There are also the usual mattress, mat, brush, broom and shoe shops. The women are employed in sewing, ward work and dining room work. The women attendants in the men's as in the women's dining rooms have as assistants women patients. If women were, to some extent, put in charge of men's wards women patients might do the ward work after the men had left the wards to engage in farm work, thus providing for the women a greater amount of housework.

There are few entertainments besides the semi-weekly dances. It has been found that the patients enjoy these dances much more

State Charities Aid Association—Annual Report

than the dramatic or other entertainments by outside talent, and consequently few such entertainments are given. There is an orchestra composed of employes which plays for the dances, and a band which gives semi-weekly open-air concerts during the summer. In summer the patients have sea bathing. There is a baseball team, composed partly of employes and partly of patients, which plays every week in summer. In the men's day rooms there are billiard tables and small games which are much enjoyed. Some few papers and magazines are taken, but there is no patients' library. It would be well to start a collection of books for the use of patients.

Formerly only the chronic insane were sent to Kings Park, but recently many new and acute cases of insanity have been received there. As at the Brooklyn department, the reception wards are large wards on which most of the seventy patients are of the quiet, chronic class. Acute cases are thus kept on the same wards with scores of chronic patients and sit with hundreds of such patients in the large congregate dining rooms. This custom is to be deplored, owing to the moral effect upon recent cases of being suddenly thrown among such large numbers of chronic cases. The more advanced and humane view on this subject is that acute patients should be separated from those who are presumably incurable and cared for in small wards or cottages, where their life may be made as homelike and normal as possible, and where they may receive such special nursing and medical and moral treatment as may hasten their cure.

The use of two of the cottages as phthisical hospitals is commendable. Each cottage accommodates forty-two.

Another good use to which two more of these cottages are put is the accommodation of night attendants. As these cottages are not considered altogether desirable for the chronic patients who now occupy them, because of the necessity of their going to another building for their meals, it would be a good plan to turn several more of them into nurses' homes and thus provide for the day attendants who now sleep on the wards. The better the

State Charities Aid Association—Annual Report

provision made for nurses, the higher will be the grade of the applicants for this position, and the more sympathetic and humane will be the care of the patients.

There are twenty women and eight men in the training school. This is unsatisfactory compared with the number of pupils in the school at the Brooklyn department. Although the number of employes at Kings Park is 50 per cent. greater than the number at Flatbush, the training school has only one-third as many pupils as the school at Flatbush.

Women are employed in men's dining rooms but not on their wards. It would probably improve the service if women nurses were introduced somewhat on men's wards, especially on the hospital ward. As the women in the training schools are generally more intelligent than the men, the care of the sick should be intrusted to them and to the most intelligent of them.

MANHATTAN STATE HOSPITAL.

The Manhattan State Hospital occupies Ward's and a part of Blackwell's and Hart's Islands in the East river in New York city, and a large tract of land at Central Islip, Long Island. The four official divisions of the hospital correspond to these natural geographical divisions and are called the Ward's Island division, the Blackwell's Island division, the Hart's Island division and the farm for the insane at Central Islip. At the Ward's Island division all patients are received and almost all acute and disturbed patients are kept. At the Blackwell's Island division, which is a branch of the female department of the Ward's Island division, there are about 850 chronic disturbed and demented women of the infirmary class. Hart's Island has 1,550 chronic feeble men and women who have few or no friends to visit them. At the Central Islip farm there are 1,000 quiet, chronic, able-bodied patients engaged in farm work and domestic employments.

State Charities Aid Association—Annual Report

The Manhattan State Hospital is still in a transition state. It has been impossible in less than two years under the State system to bring this State hospital in every respect up to the higher standards of other and older State hospitals. There has been, of course, a great improvement in the food, and the construction of new kitchens with modern machinery at Central Islip and at the female department of the Ward's Island division will doubtless improve the cooking for a part of the patients. But as yet the overcrowding, which has long been the most crying evil, has not been materially relieved. The capacity is still little over 5,500 and the population is about 7,000. Except at Central Islip, the accommodations are for the most part as poor as they are insufficient. The cheerful and homelike environment that is considered an indispensable feature of the moral treatment of insanity cannot be provided where the overcrowding is as great as in many of the buildings on the islands, where the same room serves as day-room, dormitory and dining-room, and where beds stand so close together that every other one must be pulled out from the wall at night, or else patients must climb in over the foot.

While the general administration of all departments of the hospital is unified by their organization under one head, the four divisions show many differences in the details of their management, the result of differences in the patients, the officers, and the situation and the character of the buildings. In no direction are there greater differences than in the buildings of the different divisions. The cottages at Central Islip compare favorably with any hospital in the State, while the old wooden barracks at Hart's Island, built during the civil war, and the wooden sheds on Blackwell's Island, are entirely unfit for human habitation. On Ward's Island, where, on account of the class of patients cared for, the best accommodations should be provided, the buildings vary, some being fairly satisfactory, others very poor. The reception pavilion in the female department, though old and worn, is homelike and cheerful. The building is greatly crowded, the

State Charities Aid Association—Annual Report

same room being used for dormitory, day-room and dining-room; but there are easy chairs, music boxes, flowers and birds. The Verplanck building, also in the female department, where there are convalescent, hospital and maternity wards, is also pleasantly furnished, though too obsolete in construction and too overcrowded to compare favorably with similar wards in other hospitals. In the male department also some of the wards are attractive and comfortable, being furnished with pictures, plants and easy chairs. In all the Ward's Island buildings, however, the wards for the most disturbed patients are extremely and unnecessarily dreary. The sitting-rooms for some of the most disturbed women, the only separate day-rooms found on Ward's Island, are perfectly bare, with wooden benches lining the walls. The windows of these rooms are small square openings near the ceiling, giving some light and air, but far above the reach of the patients, who sit packed together on the wooden benches. Many of the single bed-rooms for this class of patients have the same cell-like windows, which it is impossible to look out of. No reason could be seen why such rooms, especially the sitting-rooms, should not have the windows enlarged, and be provided with more comfortable seats, with pictures, and if possible with plants. In the adjacent wards for semi-disturbed women plants are being introduced with considerable success. The hospital has been somewhat backward in matters of this sort, but it is to be remembered that the class of patients at the Manhattan State Hospital are for the most part a less intelligent and appreciative class than is found at other State hospitals.

Owing to the temporary character of the Hart's and Blackwell's Island divisions it is futile to criticise the character of the accommodations, beyond saying that so long as the buildings are occupied by the insane necessary temporary repairs should be made, and that the buildings should be abandoned as soon as possible.

The management of the male and the female departments of the Ward's Island division is almost as distinct as if they were

State Charities Aid Association—Annual Report

two entirely separate institutions. While this is probably in most respects the best, if not the only practicable method, it appears in some lines to be carried to an extreme. It seems extraordinary, for instance, that buildings within a stone's throw of one another should not have the same heating and lighting plant or the same laundry and shops. In no direction would a closer connection between the two seem more advantageous and economical than in the entertainment of patients. Both departments now have small, illy equipped entertainment halls, each accommodating about 350, so that not more than a quarter of the patients can attend entertainments at any one time. Dramatic companies or others now engaged to entertain the patients generally give a matinee in one department and an evening performance in the other. If a suitable theatre could be built midway between the buildings of the two departments where a large proportion of both men and women patients could be accommodated at the same time, this duplication of entertainments could be avoided, and the money provided for the purpose would go further. The number of entertainments averages one a week on Ward's Island, one in two weeks on Hart's Island, one in three weeks at Central Islip, and one a month on Blackwell's Island.

There are no dances on the men's side in any division of the hospital. The women on Ward's Island have two weekly dances in both the amusement hall and one of the large dining-rooms. At Central Islip and at Hart's Island also the dance is for women patients only, though men attendants often dance with the patients at Central Islip. The women on Blackwell's Island have a weekly dance. It seems unfortunate that some of the men should not have the privilege of attending these dances, which are in all hospitals the most popular form of entertainment provided.

The hospital band, composed of employes at the male department of the Ward's Island division, plays twice a week in summer. It plays for both departments on Ward's Island. A band is now being organized at Central Islip.

State Charities Aid Association—Annual Report

There is a baseball team among the employees at Central Islip, but not on Ward's Island, and the patients at both places play frequently among themselves. At Ward's Island the patients are given sea bathing in the summer.

The situation of the Manhattan State Hospital may in itself be considered as an important element in the moral treatment of the patients. Exceptional advantages are afforded by the varied and beautiful surroundings. The patients on the islands have about them the constantly changing panorama of the great river, full of vessels of every description and abounding in life and movement. In the summer the cool sea air makes the islands comfortable in the warmest weather. It is impossible under such circumstances, that the daily walks of the patients should be monotonous and without incident.

At the male department on Ward's Island there are airing courts for the violent, the disturbed and the feeble. These are relics of a now obsolete system of caring for the insane. While large courts planted with grass and trees, like the court for the violent and disturbed, is not undesirable, a small enclosure surrounded by a high brick wall, and without a trace of any growing thing, is very objectionable; and yet this is the sort of court that is here used for the feeble men.

The proportion of patients regularly employed at the different divisions varies with their ability to work and the facilities for employing them. The average for the whole hospital is about 60 per cent. On Ward's Island 45 per cent. are employed in the male department and 80 per cent in the female department. About 50 per cent. at Hart's Island and about 60 per cent. at Blackwell's Island do something. The smaller proportion of men than women working on Ward's Island is largely accounted for by the small amount of out-door work and the shortness of the season when such work is done, and the large amount of indoor work which can be done by women all the year round and every day in the week. It would seem that the men might be employed somewhat more in beautifying the grounds, which are now rather

State Charities Aid Association—Annual Report

bare. If rows of evergreens could be set out to shield the patients from the cold winds while exercising in winter, and if a greater number of walks could be laid out so that the patients need not take the same monotonous walk every day and twice a day, and if more flower beds were cultivated and more vines trained over the buildings, the general appearance of the island would be much improved, and the amount of employment would be to some extent increased. It is, of course, at Central Islip that the methods of employment are best developed. About 300 of the 1,000 acres are now under cultivation. The soil is rather poor and probably would not be worth cultivating for profit, but it is well adapted to the needs of such an institution. In winter much grading is done. When there is little to do each patient is given somewhat less than his usual amount, and an effort is made to keep all employed, to some extent, rather than to work some full time and leave others altogether idle.

The clothing of patients at the Manhattan State Hospital seems comfortable and is, on the whole, satisfactory. At Central Islip and, to some extent, on Blackwell's Island, there is individual ownership of clothing, but elsewhere the clothing is not marked and is used indiscriminately, the outer as well as the under clothing. This is unfortunate, and we hope, now that the new laundry for the female department of the Ward's Island division is in working order, that it will be possible to make some better arrangement for the women on Ward's Island. The underclothing is warm and of good quality. The long cloaks and hoods worn by the women are also comfortable and warm. The men's suits are, for the most part, prison-made and look and wear well. Woolen dresses are worn by all classes of women in winter.

The Manhattan State Hospital labors under a great disadvantage in its lack of facilities for the restraint of disturbed and violent patients. Owing to the overcrowded buildings and the consequent lack of room for secluding individual cases this hospital cannot so easily follow the custom of other State hospitals to use seclusion rather than restraint by the use of drugs. It is, of

State Charities Aid Association—Annual Report

course, necessary in cramped quarters to consider the welfare of all patients in the ward, not merely the few who are disturbed. Consequently sedatives are used to a greater extent on Ward's and Blackwell's Islands than has been found to be the case elsewhere in the State. At Central Islip restraint is so seldom needed owing to the class of patients received, that a case requiring such treatment is generally secluded with a special attendant. At Hart's Island, also, restraint of any kind is seldom needed. As the hospital gains facilities for secluding violent patients, the use of sedatives will doubtless be less frequently resorted to.

The training school is a comparatively new feature, dating from the time of the organization of the institution as a State hospital. It is encouraging to note that there are about 460 pupils in the four training schools of the four divisions, a very good showing, especially as the officers find great difficulty in persuading the attendants to go into the school, because of their lack of intellectual interest and their failure to regard their work in the light of a profession, or even a permanent employment. The admirable new nurses' homes for the women at Ward's Island and the men at Central Islip will doubtless improve the grade of applicants for the position.

The system of employing women on men's wards has nowhere been introduced. As the hospital has no settlement of men remote from buildings for women, there seems no reason why women nurses should not be employed during the day in the men's hospital wards, at least. It is a popular delusion that an insane person is exempt from the ordinary diseases to which the sane are subject; in reality the insane frequently suffer from the usual physical ailments, and there is no reason why a case of phthisis, of cancer, or of peritonitis in the hospital ward of a State hospital should not have the same trained care that is given such cases in general hospitals or hospitals for special diseases. We would advocate the employment of a graduate of a general hospital training school as charge nurse of the men's hospital in the male department of the Ward's Island division, who

State Charities Aid Association—Annual Report

should be capable not only of caring for all cases of sickness but also of training the pupils of the hospital training school, each one of whom should have, before graduation, a term of service in a hospital ward.

During the past year a number of important and much-needed buildings have been provided. At the female department of the Ward's Island division the following buildings have been completed: A kitchen, a laundry, a nurses' home, and an employment building for women with sleeping quarters above for the male employes of the female department. A boiler house on Ward's Island and a dock house at the foot of East One Hundred and Sixteenth street, opposite the island, are in process of erection. At Central Islip a nurses' home for 100 male attendants has been built, and a kitchen, which is planned to cook for 3,000 patients, has been begun.

The managers and the superintendent of the Manhattan State Hospital are doing everything in their power to secure the additional buildings needed, and we have every reason to hope that the hospital will soon be provided with buildings and equipment which will enable it to rank with the best in the State.

With the establishment of the Manhattan State Hospital February 28, 1896, all the dependent insane of the State of New York passed under the care of the State, the county care system being entirely abolished. It is nineteen months since then, and this report represents our first thorough inspection of all the State hospitals under the completed State care system.

There can be no more striking proof of the enormous advance made in the better care of the insane under the present system than the comments and criticisms in the foregoing pages as contrasted with those of a few years ago. Then, under county care, we spoke of scanty food, insufficient clothing, or in other words, suffering from cold and hunger, pauper attendants, unskilled medical treatment. Now we recommend minor improvements in

State Charities Aid Association—Annual Report

the hospital training schools for nurses, make suggestions regarding the occupation and entertainment of patients, ask for additional buildings to relieve overcrowding, no longer obliged to denounce the terrible abuses connected with the old system.

In conclusion, the board of managers, in behalf of its committee on the insane, desires to thank your Honorable Commission for the kind response to requests for information, for the courtesy with which all suggestions have been considered, and for the readiness with which the co-operation of the association has been welcomed, in its endeavor to promote the welfare of the dependent insane of this State.

For the board of managers,

MARY VIDA CLARK,

Assistant Secretary State Charities Aid Association.

INDEX

Acute insane state hospitals for, discussion, 300-3.

Administration department at state hospitals, classification and wages, 49-50.

Admissions, number of, 11.

Advertisements for contracts, paper selected for, discussion, 337.

Ages, of patients admitted to state hospitals, table, 533; to Matteawan state hospital, table, 566;

patients discharged recovered; state hospitals, table, 534; Matteawan state hospital, table, 566;

patients who died; state hospitals, table, 535; Matteawan state hospital, table, 567.

Alcohol, for state hospitals, discussion at conference, 395-96, 402.

Aliens, removal of, 62-64, 496.

Alms-houses, patients transferred to from state hospitals, discussion at conference, 373-75, 470-71.

Amusement and diversion of patients, 246-47.

Appropriations for state hospitals, 13-23; length of time held good, 11.

April dietary for state hospitals, 37-42.

Assessments, on state hospitals for local improvements, discussion, 324-25.

Assistant physicians, examinations for, discussion, 376; residence outside of hospital, discussion, 423-27.

Attendants, amendment in wage schedule for, 335; classification and wages, 51-52; residence outside of hospital, 19-20, 376-79;

ratio; at Buffalo state hospital, 274; Hudson River state hospital, 270; Long Island state hospital, 279; Rochester state hospital, 278; St. Lawrence state

hospital, 277; Utica state hospital, 264; Willard state hospital, 268.

Attorneys, for state hospitals, 281-82.

Bakery service, classification and wages, 53.

Baking powder, for hospital use, discussion, 362, 363-64.

Bands, see Music.

Barber, record of work kept by, discussion, 303.

Bed-rooms, furniture for, discussion, 368-69.

Bed-spreads, for hospital use, discussion, 474.

Beneficial results of scientific investigation of insanity, Dr. Ira Van Gieson on, 75-97.

Bi-monthly meetings of Commission and superintendents, discussion, 355-59.

Binghamton state hospital, annual report, 1075-1147; deaths, percentage of, 478; dietary, 274-75; directory, 584; employees, summary, 477; food, cost of, 480; fuel and light, cost of, 477; general statement, 510-11; medical service, summary, 476; number of insane, 502, 507-9; per cent. of patients discharged, 504-5; recoveries, percentage of, 478; report of superintendent on classification of insane, 274-75. See also State hospitals.

Blackwell's Island, condition of buildings on, 254, 259; directory, 590.

Blanks, see Forms and blanks.

Bloomington asylum, see Licensed private institution system.

Board, for officer's family, cost, discussion, 427.

Bookkeeping, examination of accounts by representative from Commission, discussion, 317.

Index to Ninth Annual Report

- Books and stationery for insane, cost per capita, 28.
- Bread, baking of, discussion, 405, 473.
- Breezehurst Terrace, directory, 596. *See also* Licensed private institution system.
- Brigham Hall hospital directory, 594. *See also* Licensed private institution system.
- Brown, Goodwin, address and telephone number, 579.
- Buffalo state hospital, annual report, 1025-74; attendants, ratio of, 274; deaths, percentage of, 478; dietary for acute and chronic cases, 274; directory, 583-84; employees, summary, 477; food, cost of, 480; fuel and light, cost, 477; general statement, 510-11; insane, number of, 502, 507-9; medical service, summary, 476; per cent. of patients discharged, 504-5; recoveries, percentage of, 478; report of superintendent on classification of insane, 274. *See also* State hospitals.
- Building department, classification and wages, 55.
- Button-making plant, at Utica state hospital, 362.
- Canning, for hospital use, discussion, 406-7, 433-38.
- Capacity of hospitals, legislation suggested for determining, 59, 495.
- Card catalogue system, for filing reports, discussion, 465-66.
- Case-book system, discussion, 428-32, 455-57.
- Cattle, tuberculous, killing of, legislation recommended concerning, 61, 495-96; testing of state herds, discussion, 463-65.
- Central Islip, new buildings at, 255, 257; directory, 590-91.
- Certificate of insanity, defects common to, discussion, 313.
- Cheese ration, discussion, 308, 314, 395.
- Civil condition of patients, state hospitals, table, 529; Matteawan state hospital, table, 563.
- Classification of insane, 281-80; circular letter on, 263.
- Clothing for insane, cost per capita, 26, 27.
- Coal vs. oil, for fuel, 332-33, 340-42, 389-91, 396-402.
- Coffee, for hospital use, discussion, 322, 473.
- Coffee roasting plant, advisability of, discussion, 333, 343-50, 386-89, 438-39, 446.
- Collins state homeopathic hospital, annual report, 1533-53; directory, 591.
- Commission in lunacy, report to legislature a legal requirement, 1; recommendations, 59-61, 495-96.
- Commitment of the insane, 289-93, 489-90.
- Compressed air, clothing cleaned by, use of in state hospitals, discussion, 333, 364-65.
- Conferences, monthly, of Commission in lunacy and superintendents, 294-475.
- Correlation of departments of research in the scientific investigations of insanity, Dr. Ira Van Gleson on, 125-90.
- Cost, of maintenance, 24-34, 380-85, 439-40; of removing alien and non-resident patients, 64.
- Cotton felt, for mattresses, discussion, 339-40.
- Counties and classification, of patients admitted to state hospitals, table, 540-43; to Matteawan state hospital, table, 572-73; patients remaining under treatment; state hospitals, table, 544-51; Matteawan state hospital; table, 574-75.
- Criminal insane, 248-49.
- Crockery, for hospital use, discussion, 447-48, 460-62.
- Dannemora, institution for convict insane at, 248.
- Deaths, causes of, in state hospitals, table, 525-27; Matteawan state hospital, table, 562; number and percentage; in state hospitals, 11, 12, 478; in licensed private asylums, 486.
- Dietary, general remarks, 31-32, 35-42; discussions on at conferences, 308, 314, 322-23, 365-67, 422-23, 441-42; at Binghamton state hos-

Index to Ninth Annual Report

- pital, 274-75; Buffalo state hospital, 274; Hudson River state hospital, 269-70; Long Island state hospital, 278-79; Manhattan state hospital, 280; Middletown homeopathic hospital, 271-73; Rochester state hospital, 278; St. Lawrence state hospital, 275-77; Utica state hospital, 264-67; Willard state hospital, 267-68.
- Dining-rooms, furniture for, report of committee, 367-68.
- Directory of state hospitals and private institutions, 577-600.
- Discharged patients from state hospitals, number of, 11.
- Dr. Combes' Sanitarium, *see* Licensed private institution system.
- Dr. MacDonald's House, directory, 597. *See also* Licensed private institution system.
- Dr. Parsons' Retreat. *See also* Licensed private institution system.
- Dr. Wells' Sanitarium for mental diseases, directory, 596. *See also* Licensed private institution system.
- Domestic service, classification and wages, 52; discussion regarding wages, 296-98.
- Dotards, admission to hospitals, discussion, 325-27, 374-75.
- Drugs, discussion on, 446-47, 457-58, 469-70.
- Education, degree of, of patients admitted to state hospitals, table, 530; of patients admitted to Matteawan state hospital, table, 564.
- Eight-hour law, application to state hospitals, discussion, 362.
- Electric lights, report of committee, 407-14.
- Employees, residence outside of hospital, 19-20, 376-79; statistical summary of, in state hospitals, 477;
 number of; licensed private asylums, 506; state hospitals, 506;
 wages; 43-58; discussion at conference, 296-98, 335, 414-15; per capita cost of, 26, 27; revised schedule, 43-58.
- Engineer's department, classification and wages, 54-55.
- Estimates, explanation of items in, discussion, 309.
- Expenditures of state hospitals, 1896-97, 10; estimate for 1898-99, 16, 17-18.
- Falkirk, directory, 599. *See also* Licensed private institution system.
- Farm and grounds department, cost per capita, 26; classification and wages, 57.
- Fertilizers, commercial, for use on hospital farms, communications concerning, 402-4.
- Financial department, classification and wages, 50.
- Food, cost of in state hospitals, table, 479-81.
- Forms and blanks, discussion, 354-55, 421, 423-33, 450-57.
- Forms of insanity, criticism of table, discussion, 391-92, 450, 458-59.
- Fruits, for hospital use, discussion, 371-72, 474-75.
- Fuel, oil *vs.* coal for, 332-33, 340-42, 389-91, 396-402.
- Fuel and light, cost, 26, 477.
- Furniture for state hospitals, cost per capita, 26; discussion concerning, 316, 367-70, 405.
- General hospital system, 487-92.
- Glassware, discussion, 447, 460-63.
- Glenmary, directory, 599. *See also* Licensed private institution system.
- Greenmont-on-the-Hudson, directory, 597.
- Habeas corpus, writ of, patient discharged on, discussion, 310.
- Hair, for mattresses, discussion, 331-32, 338-40.
- Hart's Island, condition of buildings on, 254, 259; directory, 590.
- Health laws affecting hospitals, legislation recommended concerning, 61, 495.
- Holidays, for employees, discussion, 311-13.

Index to Ninth Annual Report

Home care of the insane, undesirability of, 283-88; extract from report of Massachusetts Board of health, 284-88.

Hospital attorneys, 281-82.

Hrdlicka, Dr., form of examination devised by, discussion, 308-9, 314.

Hudson River state hospital, annual report, 789-852; classification of insane, report of superintendent on, 269-70; deaths, percentage of, 478; dietary for acute and chronic cases, 269-70; directory, 581-82; employees, summary, 477; food, cost of, 479; fuel and light, cost, 477; general statement, 510-11; medical service, summary, 476; number of insane, 502, 507-9; per cent. of patients discharged, 504-5; ratio of attendants, 270; recoveries, percentage of, 478. *See also* State hospitals.

Improper commitments to state hospitals, 249-93.

Inadequacy of the present methods of investigating mental diseases, Dr. Ira Van Gieson on, 98-125.

Industrial department, classification and wages, 55-56.

Insane, acute, state hospitals for, discussion, 300-3; alien and non-resident, removal of, 62-64; amusement of, allowance per week for, 246-47; average duration of life after admission to state hospitals, 29; average number during year in state hospitals, 11; classification of, 261-80; commitment of, beneficial results of present statute, 489-90; discharge of on bond, legislation suggested concerning, 59, 495; employment of in skilled trades, 475; home care of, 283-88; loss to state for care of, 29-30; money belonging to when admitted, disposal of, legislation recommended, 59, 495; personal care of, 241-43; reimbursements from, 70-71; results of treatment of, 65-69; support of by relatives, legislation recommended, 59-60, 495;

number of; licensed private asylums, 9, 500-1, 503, 552; Matteawan state hospital, 500-1, 553; state hospitals, 9, 500-1, 502, 507-9.

Insanity, apparent increase, reason for, 30-31;

causes; state hospitals, table, 514-15; Matteawan state hospital, table, 556;

duration of, previous to admission; Matteawan state hospital, tables, 561, 565, 568; state hospitals, tables, 523-24, 531-32, 536;

forms; state hospitals, table, 516-19; Matteawan state hospital, table, 557;

hereditary tendency to; state hospitals, table, 528; Matteawan state hospital, table, 563.

Insanity law, power given to superintendents by, 289-90; provisions of, 70-71.

Interpines directory, 598. *See also* Licensed private institution system.

Inventory of hospitals, discussion, 466-67.

Jail prisoners, cost of maintenance, comparison with maintenance of insane, 32-33.

Joint contracts, purchase of supplies by, 31, 316-17, 318, 349.

Kings county insane, transfer to State care system, 252.

Kitchen service, classification and wages, 52-53.

Laundry inspector, for state hospitals, discussion, 298-99.

Laundry service, 244-45; classification and wages, 54.

Legislation, recommendations for, 59-61.

Licensed private institution system, 483-86; asylums, number of, 506; deaths, number and percentage, 486; employees, number, 506; general administration, 485; general review, 486; general statistics, 552; insane, number of, 9, 500-1, 503, 552; medical service, 486; receipts, 506; recoveries, 486; value of asylums, 506.

Long Island Home, directory, 594. *See also* Licensed private institution system.

Long Island state hospital, 252-60; annual report, 1269-1358; attend-

Index to Ninth Annual Report

- ants, ratio, 279; classification of insane, report of superintendent on, 278-79; deaths, percentage of, 478; dietary, 278-79; directory, 586-87; employees, summary, 477; expenditures for buildings, 256-57; food, cost, 481; fuel and light, cost, 477; general statement, 512-13; insane, number of, 502, 507-9; medical service, summary, 476; new buildings at Kings Park branch, 255; per cent. of patients discharged, 504-5; recoveries, percentage, 478. *See also* State hospitals.
- McEligot, Kate**, report of New York supreme court on application for commitment of, 393-94.
- McGarr, T. E.**, address and telephone number, 579.
- Maintenance of insane**, 24-34; high rate of in New York state, 27-28; cost of, discussion, 380-85, 439-41.
- Manhattan state hospital**, 252-60; annual report, 1359-1531; classification of insane, report of superintendent on, 280; deaths, percentage of, 478; dietary, 280; directory, 588-91; employees, summary, 477; expenditures for buildings, 256; food, cost, 481; fuel and light, cost, 477; general statement, 512-13; insane, number of, 502, 507-9; medical service, summary, 476; per cent. of patients discharged, 504-5; rate of maintenance under State care system, 25, 254; recoveries, percentage, 478; transfers to other institutions, 256. *See also* State hospitals.
- Marshall Infirmary**, directory, 594. *See also* Licensed private asylum system.
- Matteawan state hospital for insane criminals**, causes of death, 562; causes of insanity, 556; civil condition of patients, 563; counties and classification of patients, 572-75; degree of education, 564; directory, 592; forms of insanity, 567; general statement, 554-55; nativity of patients admitted, 571; occupation of patients admitted, 569-70; period of residence in asylum of patients under treatment, 568; hereditary tendency to insanity, 563; insane, number of, 500-1; movement of population, 553; results of treatment, 558-60; should become a part of State hospital system, 248-49, 496; ages; of patients admitted, 566; of patients discharged recovered, 566; of patients who died, 567. duration of insanity previous to admission; of patients admitted during year, 568; of patients discharged recovered, 561; of patients who died, 565.
- Mattresses**, for state hospitals, discussion, 331-32, 338-40.
- Meat cutters**, wages, 53.
- Medical interne**, examinations for, discussion, 376.
- Medical Record** extract from on State care act, 257-58.
- Medical service**, summary, at state hospitals, 476; licensed private asylums, 486.
- Medical superintendents**, committee on dietary, report, 36-37.
- Medical supplies**, cost per capita, 26.
- Middletown state homeopathic hospital**, annual report, 853-1023; deaths, percentage of, 478; dietary, 271-73; directory, 582-83; employees, summary, 477; food, cost, 479; fuel and light, cost, 477; general statement, 510-11; insane, number of, 502, 507-9; medical service, summary, 476; per cent. of patients discharged, 504-5; recoveries, percentage of, 478; report of superintendent on classification of insane, 271. *See also* State hospitals.
- Milk allowance**, discussion, 319-21.
- Monthly conferences**, of Commission and superintendents, 294-475.
- Monthly estimate system**, advantage of, 24.
- Music in hospitals**, 246; discussion, 333-35, 350-53, 365.
- Napkins** for state hospitals, discussion, 328-30, 338, 364.
- Nativity of patients**, admitted to state hospitals, 538-39; admitted to Matteawan state hospital, 571.
- New buildings**, amount allowed for, 19.
- New York county insane**, transfer to State care system, 252.
- Non-resident patients**, removal of, 62-64.

Index to Ninth Annual Report

- Nurses, classification and wages, 51-52; examinations of in training schools, discussion, 372-73, 415-17, 420.**
- Occupations of patients, admitted to state hospitals, 537; admitted to Matteawan state hospital, 569-70.**
- Officers' salaries, 43-45; per capita cost of, 26, 27.**
- Oil vs. coal, discussion, 332-33, 340-42, 389-91, 398-402.**
- Oils, lubricating, for hospital machinery, discussion, 396, 402, 444-46.**
- Orchestras, *see* Music.**
- Parkhurst, W. L., address, 579.**
- Pathological institute, 73-240; directory, 592-98; financial report, summary, 233-36; organization and conduction of, general remarks, 200-32; plan of, 237-40.**
- Patients, *see* Insane.**
- Personal care of patients, 241-43.**
- Photographs of state hospitals in office of Commission, discussion, 406.**
- Pines, The, directory, 598. *See also* Licensed private institution system.**
- Printing and book-binding department, classification and wages, 56.**
- Prison-made goods, purchase of by hospitals, 72, 336-37, 449.**
- Private licensed institutions, *see* Licensed private institution system.**
- Private patients, admission to state hospitals, 579.**
- Property of patients, in care of steward, discussion, 421.**
- Providence Retreat, directory, 598. *See also* Licensed private institution system.**
- Provisions and stores, cost per capita, 26, 27.**
- Railway department, classification and wages, 57.**
- Receipts, for state hospitals, 1896-97, 10, 15, 506; estimate for 1898-99, 15-16; licensed private asylums, 506.**
- Recommendations of Commission, 59-61, 495-98.**
- Recoveries, affected by grade of maintenance, 30; discussion at conference, 472; in licensed private asylums, 496; in New York state hospitals, compared with other states and countries, 28-29, 250-51; number and percentage in state hospitals, 11, 250-51, 478.**
- Reeves, Commissioner H. A., resolutions on resignation of, 396-98; retirement of, 491-92; letter from in acknowledgment of resolutions, 418-20.**
- Reimbursing patients, 70-71; amount received from, 71; discussion in conference, 375-76.**
- Religious services, cost, 57-58.**
- Repairs, ordinary, cost per capita, 26.**
- Residence in asylum, period of, of patients under treatment, state hospitals, table, 536; Matteawan state hospital, table, 568.**
- Resolutions on retirement of Commissioner H. A. Reeves, 396-98.**
- Results of treatment of the insane, 65-69.**
- River Crest, directory, 599-600; license of, 485. *See also* Licensed private institution system.**
- Rochester state hospital, admission to State care system, 252; annual report, 1219-68; attendants, ratio, 278; deaths, percentage of, 478; dietary, 278; directory, 585-86; employees, summary, 477; food, cost of, 480; fuel and light, cost, 477; general statement, 512-13; medical service, summary, 476; number of insane, 502, 507-9; per cent. of patients discharged, 504-5; recoveries, percentage, 478; recovery rate at 29; report of superintendent on classification of insane, 277-78. *See also* State hospitals.**
- St. Lawrence state hospital, annual report, 1149-1217; attendants, ratio, 277; deaths, percentage, 478; dietary, 275-77; directory, 585; employees, summary, 477; food, cost, 480; fuel and light, cost, 477; general statement, 512-13; insane, number of, 502, 507-9; medical service, summary, 476; per cent. of patients discharged, 504-5; re-**

Index to Ninth Annual Report

- coveries, percentage, 478; report of superintendent on classification of insane, 276-77. *See also* State hospitals.
- St. Vincent's Retreat, directory, 595. *See also* Licensed private institution system.
- Salaries of officers, 43-45.
- Samples for purchase of supplies, keeping of, discussion, 305-6, 317-18.
- Sanford Hall, directory, 595. *See also* Licensed private asylum system.
- Shoes, for hospital use, discussion, 330-31.
- Soap, for hospital use, discussion, 407, 417-18, 448-49.
- Special diet, discussion, 321-22.
- Spice grinding plant, discussion, 343-45, 386-89, 438-39, 446.
- State, a preferred creditor, legislation recommended, 60.
- State care system, beginning of, 14; *Medical Record* on, 257-58.
- State charities aid association, annual report, 1555-1604.
- State hospitals, admission of private patients, 579; admissions, number of, 11; annual reports, 603-1553; appropriations for, 12-23; average number of patients, 11; buildings, expenditures for, 256; deaths, number and percentage, 11, 12; dietary, 35-42; employees, number of, 506; for acute insane, discussion, 300-3; general review, 476-81; history, discussion, 405; improper commitments to, 289-98; lands for, legislation concerning acquirement of, 60, 495; number of hospitals, 506; number of insane in, 9; number of patients discharged from, 11; Pathological institute of, 73-240; recoveries, percentage, 11, 250-51; reports made to Commission, legal requirement, 9; total value of, 506;
- expenditures**; 1896-97, 10; estimate for 1898-99, 16, 17-18;
- receipts**; 1896-97, 10, 15, 506; estimate for 1898-99, 15-16;
- tables**; ages of patients admitted, 533; ages of patients recovered, 534; ages of patients who died, 535; causes of death, 525-27; causes of insanity, 514-15; civil condition of patients, 529; counties and classification of patients admitted, 540-43; counties and classification of patients under treatment, 544-51; degree of education, 530; duration of insanity previous to admission, 523-24, 531-32, 536; forms of insanity, 516-19; hereditary tendency to insanity, 528; insane, number of, 500-1, 502, 507-9; nativity of patients admitted, 538-39; occupations of patients admitted, 537; period of residence of patients remaining under treatment, 536; results of treatment in presumably curable cases, 520-22.
- State Hospitals Bulletin*, chairman of editorial committee, 299-300; change in title, discussion, 467-69.
- State system, 7-482; general operations, 9-12.
- Statistics, general review, 497-575.
- Stewards, meeting of, in office of Commission, 304, 305, 314-15.
- Stockings, for hospital use, discussion, 395.
- Sugar ration, discussion, 306, 314.
- Summary of recommendations of Commission, 493-96.
- Superintendents, bi-monthly meetings with Commission, legislation recommended, 60-61, 495; responsibility in purchase of supplies, discussion, 305-7.
- Supervisors, classification and wages, 50-51.
- Supplies, purchase of, discussion, 305-7, 315; daily per capita cost, 323.
- Table cutlery, discussion, 300, 305, 314, 335-36, 353-54, 371.
- Taxation for support of insane, 15-16, 21-23; cost laid on property, 20-23; discussion at conference, 359-62, 363.
- Tea, for use in hospitals, discussion, 428.
- Training schools for nurses, discussion, 385, 372-73, 415-17, 420, 433.
- Transportation of patients, cost per capita, 26.

